

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5541**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5660** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL DICKERSON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>18 mos.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PRARIE VIEW REST HOME</b>		d. STREET ADDRESS (If rural, give location) <b>XXXXXXXXXXXXXXXXXXXXXXX</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>MAY</b> c. (Last) <b>McEWEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 12, 1956</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>MAY 9, 1878</b>		9. AGE (In years last birthday) <b>77</b>		10. IF UNDER 1 YEAR Days <b>9</b> Hours <b>3</b> IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXXXX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>GRUBVILLE, MISSOURI</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>GIDION McEWEN CREWS</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH CHANDLER CREWS</b>		14. NAME OF HUSBAND OR WIFE <b>ANDREW McEWEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. JOHN MASTRIES</b> ADDRESS <b>FREEPORT, TEXAS</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, original site-uterus</b>				<b>5 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<b>Senile dementia</b>		<b>4 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) <b>3:17 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 2, 1954** to **Feb. 12, 1956**, that I last saw the deceased alive on **Feb. 9, 1956**, and that death occurred at **8:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry S. McBroder D.O.</b>		23b. ADDRESS <b>La Belle, Missouri</b>		23c. DATE SIGNED <b>2/13/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/15/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>2-14-56</b>		REGISTRAR'S SIGNATURE <b>P. W. Jennings M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles L. Arnold</b> ADDRESS <b>Lewistown, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1956

MAR 7 1956

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.