

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **80270**

No. 300
10-48

FILED JUL 12 1956

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 95

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>1008 Shanklin</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital Trenton</u> | | | |

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|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy Gerome</u> b. (Middle) <u>Ewing</u> c. (Last) <u>Ewing</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar. 13, 1887</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Days <u>3</u> IF UNDER 24 HRS. Hours <u>5</u> Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Jerome Taylor Ewing</u> | | 13b. MOTHER'S MAIDEN NAME <u>Matilda Caroline</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fannie Bell Watson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Donald Elliott Trenton Mo</u> | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u> | | DUE TO (b) _____ | | | |
| ANTECEDENT CAUSES | | DUE TO (c) _____ | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. 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 OF INJURY (Month) (Day) (Year) (Hour) | | 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 June 17th, 1956, to June 18th, 1956, that I last saw the deceased alive on June 18th, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE <u>Charles F. Gifford M.D.</u> | | 23b. ADDRESS <u>Trenton Mo</u> | | 23c. DATE SIGNED <u>June 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-20-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u> | |
| 24d. LOCATION (City, town, or county) <u>Princeton Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Funeral Home</u> | | ADDRESS <u>Trenton, Mo.</u> | |
| DATE REC'D BY LOCAL REGS. <u>6-22-56</u> | | REGISTRAR'S SIGNATURE <u>Kene Fair</u> | | | |

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

115-

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. 3517

working under my personal supervision.

Student
Student Embalmer

Signed Earl M. Keeny

Licensed Embalmer No. 3517

P. O. Address Trenton Ma

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.