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FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20289

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4202 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spickard
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Grundy
c. CITY OR TOWN: Spickard
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 04 00

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Win
c. (Last): Ewing

4. DATE OF DEATH (Month) (Day) (Year): May 29 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22 1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doctor
10b. KIND OF BUSINESS OR INDUSTRY: M.D.
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Martin V. Ewing
13b. MOTHER'S MAIDEN NAME: Emma Austin
14. NAME OF HUSBAND OR WIFE: Mettie Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mettie Ewing
ADDRESS: Spickard Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 4 or 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES [ ] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1955, *to* May 29, 1956, *that I last saw the deceased alive on* May 27, 1956, *and that death occurred at* 1:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: D H Cullers (Degree or title): M.D.
23b. ADDRESS: Trenton Mo.
23c. DATE SIGNED: 5-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31 1956
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cem.
24d. LOCATION (City, town, or county) (State): Spickard Mo.

DATE REC'D BY LOCAL REG.: 6-1-56
REGISTRAR'S SIGNATURE: Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Schooler Funeral Home Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 37

P. O. Address Spickard

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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