

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41032**

FILED DEC 24 1956

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 167			
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (in this place) 3 Days		c. CITY OR TOWN Senath		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial Hospital				e. STREET ADDRESS (If rural, give location) 035-0					
3. NAME OF DECEASED (Type or Print) a. (First) Eugene			b. (Middle) —		c. (Last) ePewman		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-1-1889		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) unknown		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Sam ePewman			13b. MOTHER'S MAIDEN NAME Francis Duke			14. NAME OF HUSBAND OR WIFE Stella Wofford ePewman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella ePewman				ADDRESS Senath 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Pulmonary Bronchitis						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis							
		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						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) 4222					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-24 , 1956, to 12-5 , 1956, that I last saw the deceased alive on 12-5 , 1956, and that death occurred at 1:25 A. m., from the causes and on the date stated above.									
23a. SIGNATURE W. W. Wright, M.D. (Degree or title)				23b. ADDRESS Cardwell, Mo.		23c. DATE SIGNED 12-13-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-56		24c. NAME OF CEMETERY OR CREMATORY McHrew Cemetery		24d. LOCATION (City, town, or county) (State) Senath Mo.			
DATE REC'D BY LOCAL REG. 12-15-56		REGISTRAR'S SIGNATURE Earl L. ...		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv.		ADDRESS Inc. Senath, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ...12-12-9
COUNTY FILE NUMBER 1258

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
Signature of Student Embalmer

Signed *Edwin Lawson*

Licensed Embalmer No. *48*

P. O. Address *Small*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.