

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020749  
STATE FILE NUMBER

8  
FILED JUN 30 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 215

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kirkville</u>                     | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Edina</u>  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u> | Length of stay in lb<br><u>6 days</u>  | d. STREET ADDRESS (If outside, give location)   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |   |  |   |  |
|---|----------------------------------|---|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Eva</u> Middle <u>Lena</u> Last <u>Ewalt</u>                    |                                  |   | 4. DATE OF DEATH<br>Month <u>6</u> Day <u>18</u> Year <u>58</u>           |  |   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-15-28</u>  | 9. AGE (In years last birthday)<br><u>30</u> | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>18</u> | IF UNDER 24 HRS.<br>Hours <u>58</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm wife</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Coleman County Texas</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>     |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>W. A. House</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Olive Jones</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Byron Fred Ewalt</u>                   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>465-36-9843</u>   |  | 17. INFORMANT<br><u>Grim-Smith Hospital &amp; Clinic, Kirkville, Mo.</u> |  |

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia.</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Approximately six years.</u>                               |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Glomerulonephritis.</u>            |  |  |   |
| DUE TO (c) <u>Toxemia pregnancy.</u>   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)              |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |  |
| 20c. TIME OF INJURY<br>Hour <u>10:15</u> Month, Day, Year <u>p.m.</u>                                     |  |  |  |  |  |

|   |  |  |                              |        |       |
|---|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from <u>6-13-58</u> , to <u>6-18-58</u> and last saw her <sup>alive</sup> on <u>6-18-58</u><br>Death occurred at <u>10:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |                              |        |       |

|  |                                  |   |   |                                    |
|--|----------------------------------|---|---|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>O. W. Hasselblad, M. D.</u> |                                  | 22b. ADDRESS<br><u>Kirkville, Missouri</u>                      |   | 22c. DATE SIGNED<br><u>6-20-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>         | 23b. DATE<br><u>21 June 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Knox City Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Knox City, Missouri</u> |                                    |

|   |  |  |  |
|---|--|--|--|
| 24. FUNERAL HOME TO ADDRESS<br><u>Primer Edina Mo</u> |  | 25. DATE RECD. BY LOCAL REG.<br><u>6-26-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>Doris W. Rathbun</u> |
|---|--|--|--|

(Enclosed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

JUN 3 0 8 1958

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 ..... *AG Primer* .....

Licensed Embalmer No. *5041* .....

P. O. Address ..... *Edina, Mn* .....

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.