

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005097

STATE FILE NUMBER

FILED MAR 3 1959

Registration District No. 120

Primary Registration District No.

Registrar's No. 16

300
1-57

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		c. CITY OR TOWN Grant City 1130	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 704 S. High	
Length of stay in lb 2 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Nannie Laura Ewing			4. DATE OF DEATH February 19, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Oxford, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Charley Russell Murray		13b. MOTHER'S MAIDEN NAME Susan Jane Elgin		14. NAME OF HUSBAND OR WIFE John Ewing	
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 Address Mrs. Susan Mitchell - Cleveland, Ohio		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEBILITY AND INANITION		INTERVAL BETWEEN ONSET AND DEATH 4 WEEKS
DUE TO (b) TOXEMIA		4 WEEKS
DUE TO (c) BILATERAL BRONCHIAL PNEUMONIA 491X		5 WEEKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) MARKED ARTERIOSCLEROSIS - GLOMERULAR NEPHRITIS - PROGRESSIVE ANEMIA		19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.	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 GRANT CITY, MO.		COUNTY STATE

21. I attended the deceased from MAR, 1954 to FEB. 19, 1959 and last saw her ^{her} alive on FEB. 19, 1959 . Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Richard J. Swift</i> (Degree or title) D.O.	22b. ADDRESS GRANT CITY, MO.	22c. DATE SIGNED 2-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-22-1959	23c. NAME OF CEMETERY OR CREMATORY Redding Cemetery	23d. LOCATION (City, town, or county) (State) Redding, Missouri
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24. FUNERAL DIRECTOR Bill A. Dunfee - Grant City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-23-'59	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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Mo. (Licensed Embalmer's Statement on Reverse Side)

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Richard J. Swift
MEDICAL CERTIFICATION
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Bill A. Duff

Licensed Embalmer No. 4988

P. O. Address Grant City

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.