

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025106

FILED VS AUG 14 1959 49

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3722

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b unknown	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		10 Days Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4020 Olive Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elizabeth Middle _____ Last Ewing			4. DATE OF DEATH Month July Day 31 Year 1959		
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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 6/24/1867	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chillicothe, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John K. Bevell		13b. MOTHER'S MAIDEN NAME Isabel Hargrave		14. NAME OF HUSBAND OR WIFE Sydney A. Ewing	
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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 Kansas City, Missouri Albert Ewing 4020 Olive Street
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) cerebral thrombosis			3 years
DUE TO (c) Generalized arteriosclerosis			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 _____
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21. I attended the deceased from July 21, 1959 to July 31, 1959 and last saw her alive on July 31, 1959	
Death occurred at 8:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Milton S. Steinberg (degree or title) D.O.	22b. ADDRESS 926 E. 11 St., H.C. Mo	22c. DATE SIGNED 8/1/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/3/1959	23c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
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24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS 1331 Brush Creek Blvd. Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 8-1-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MILTON S. STEINBERG, MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eugene F. Fuller*

Licensed Embalmer No. 4818

P. O. Address K.C., Mo

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.