

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031482

FILED VS SEP 28 1959 38

Registration District No. _____ Primary Registration District No. 5120 Registrar's No. 448

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Centralia	
Length of stay in lb 3 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Rest Home		d. STREET ADDRESS (If outside, give location) RFD	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Laura Middle Etta Last Ewens			4. DATE OF DEATH Month Sept. Day 20 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 10/18/75	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 11 Days 2 Hours Min. 	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Boone County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Greenbury Roberts	13b. MOTHER'S MAIDEN NAME Lucretia Denham	14. NAME OF HUSBAND OR WIFE deceased A.A. Ewens
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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)	16. SOCIAL SECURITY NO. No	17. INFORMANT Rest Home Records
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Valvular Heart Disease		7 yrs
DUE TO (b) Congestive Heart Failure		3 days
DUE TO (c)		
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 _____
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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 Centralia	COUNTY Boone	STATE Mo
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21. I attended the deceased from 1956 to Sept-20-59 and last saw her alive on 9-19-59 Death occurred at 10 00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE J.C. Duggan M.D.	(Degree or title)	22b. ADDRESS F.C. Columbia Mo	22c. DATE SIGNED 9/21/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/22/59	23c. NAME OF CEMETERY OR CREMATORY Union	23d. LOCATION (City, town, or county) (State) SW Centralia, Mo.
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24. FUNERAL DIRECTOR Bill J. Meador	ADDRESS Centralia Mo	25. DATE RECD. BY LOCAL REG. Sept 22 1959	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Bill J. Medley

Licensed Embalmer No. 4876

P. O. Address Centerville, 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.