

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023151

FILED VS JUN 3 0 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

3091

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Mo		b. COUNTY Bates	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1608 Mc Gee Trl Hwy		Length of stay 2 years		c. CITY OR TOWN Merwin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
1608 Mc Gee Trl Hwy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS None		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWIN ERWIN EWING				4. DATE OF DEATH Month Day Year June 8 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-11-03	
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Recording Clerk		10b. KIND OF BUSINESS OR INDUSTRY Faeth Company		11. BIRTHPLACE (City and state or country) Ulrich Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peter Ewing			13b. MOTHER'S MAIDEN NAME Stella Lynch			14. NAME OF HUSBAND OR WIFE Juanita Pearl Ewing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW # 2		16. SOCIAL SECURITY NO. 552-03-5686		17. INFORMANT Address Mrs. Juanita Pearl Ewing Merwin, Mo			
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) <i>Coronary Occlusion</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
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"/> N <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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
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	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Judith H. Owens Coroner</i>				22b. ADDRESS 1034 Rialto Bldg		22c. DATE SIGNED 6-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-11-60		23c. NAME OF CEMETERY OR CREMATORY Newcomer's		23d. LOCATION (City, town, or County) (State) Kansas City Mo	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Undertaking Co.				25. DATE RECD. BY LOCAL REG. 6-9-60		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Judith H. Owens*

0961 0 8 NNC SA

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 Joe B. Yodanis

Licensed Embalmer No. 417

P. O. Address K.C.

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.