

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022523

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5549 STATE FILE NUMBER

FILED JUN 26 1961

1. PLACE OF DEATH  
 a. COUNTY ---  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 12 yrs 3 mo.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 5046 Enright Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Georgia Middle Josephine Last Ewing 4. DATE OF DEATH Month June Day 12 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/20/72 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months 10 Days 22 IF UNDER 24 HR Hours --- Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or country) Phelps County, Mo. 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Ben F. Shattuck 13b. MOTHER'S MAIDEN NAME Mary O'Brien 14. NAME OF HUSBAND OR WIFE Herbert W. Ewing

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. none 17. INFORMANT Masonic Home of Missouri Address Robert J. McAnally, Dist. Supt.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder INTERVAL BETWEEN ONSET AND DEATH 3 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) --- DUE TO (c) 155.1

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---

20c. TIME OF INJURY Hour --- a.m. --- p.m. --- Month, Day, Year ---

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 1/1/51 to 6/12/61 and last saw him alive on 6/12/61 Death occurred at 10:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E. Walters MD 22b. ADDRESS 3720 Washington St., St. Louis Mo. 22c. DATE SIGNED 6-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 14, 1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

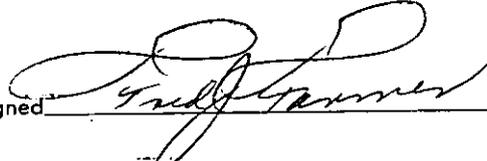
24. FUNERAL DIRECTOR Ambruster Mortuary 6633 Clayton Road ADDRESS --- 25. DATE RECD. BY LOCAL REG. JUN 14 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4788

P. O. Address St. Louis, 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.