

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26841**
3631

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>50 YRS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. STREET ADDRESS (If rural, give location) <u>30 1/2 EAST 30TH STREET</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>30 1/2 EAST 30TH STREET</u>		d. STREET ADDRESS (If rural, give location) <u>30 1/2 EAST 30TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>EWING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-24-1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB-27-1874</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN MILBURN</u>	13b. MOTHER'S MAIDEN NAME <u>SUE ROSSON</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN EWING</u>	
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY MCKITTRICK</u> ADDRESS <u>305 E. 30. H.C. MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Antidiphtheria</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Dehydrated and starvation</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4101</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1943; to Aug 23, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Kelly</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>402 Oakbrook</u>	23c. DATE SIGNED <u>Aug 23 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-25-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Albert L. Savage*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2812*.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.