

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39246

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3000		Registrar's No. 379	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b> 0				d. STREET ADDRESS (If rural, give location) <b>1012 W. Locust</b> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gary</b> b. (Middle) <b>Lee</b> c. (Last) <b>Stewart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28 1948</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 13, 1948</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>Kirksville, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Frank R. Stewart</b>			13b. MOTHER'S MAIDEN NAME <b>Genevieve Beall</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank R. Stewart Kirksville, Mo</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.  <b>158</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Marasmus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Neither</b>		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) <b>Dec 28 1948 4 m.</b>		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 <b>Dec 25, 1948</b> , to <b>Dec 28, 1948</b> , that I last saw the deceased alive on <b>Dec 28, 1948</b> , and that death occurred at <b>8:25 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. J. Rhoads</b> (Degree or title)				23b. ADDRESS <b>D. J. Kirksville, Mo</b>		23c. DATE SIGNED <b>12-28-48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/29/48</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bear Creek</b>		24d. LOCATION (City, town, or county) (State) <b>Adair County Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-1-49</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b> 1		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Riley</b>		ADDRESS <b>Kirksville, Mo</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 1-49-8

Date Filed JAN 4 - 194

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 .....  
Student Embalmer

Signed Roy H. Mercer.....

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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 this body is not embalmed, fact should be so stated above.