

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4606

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (in this place) 4 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital 0		d. STREET ADDRESS (If rural, give location) 740 E. MONROE	

3. NAME OF DECEASED (Type or Print)	a. (First) VIOLA	b. (Middle) KATHERINE	c. (Last) STEWART	4. DATE OF DEATH (Month) (Day) (Year) FEB. 12-1949
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5. SEX F. 1	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 21-1854	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) INDIANA 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES H. STEWART	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE _____
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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) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. JAMES H. STEWART - 1178 ROANOK	ADDRESS (NEWSP)
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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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY EDEMA DUE TO (c) CHRONIC MYOCARDITIS		2 days 15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H222			

19a. DATE OF OPERATION Feb. 9, 1949	19b. MAJOR FINDINGS OF OPERATION ARTERIOSCLEROTIC GANGRENE, LEFT FOOT	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from December 1, 1948, to February 12, 1949, that I last saw the deceased alive on February 12, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert C. Coffey M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 2-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-49	24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cem	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 2-18-49	REGISTRAR'S SIGNATURE W.E. Stanley md	25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Schaff	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lewis G. Schaeff*.....

Licensed Embalmer No. *3802*.....

P. O. Address *Springfield 77*.....

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.