

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13607

State File No. ....

FILED APR 19 1950

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Wacleda</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wacleda</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brown Field</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brown Field</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Delivery</u>		e. STREET ADDRESS (If rural, give location) <u>Gen. Delivery</u>	

3. NAME OF DECEASED a. (First) <u>Emily</u> b. (Middle) <u>Elsie</u> c. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30 1950</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept 11, 1889</u>		9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> 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		11. BIRTHPLACE (State or foreign country) <u>Mo. U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wesley Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Nattie Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>S.E. Stewart</u>	
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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S. E. Stewart</u>	
				ADDRESS <u>Brown Field, Mo</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>(1)</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>592X</u>	
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)		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)		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 2-21, 1947, to 3-30, 1950, that I last saw the deceased alive on 3-18, 1950, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Harrell</u>		(Degree or title) <u>U</u>		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>3-31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wacleda Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-1-1950</u>		REGISTRAR'S SIGNATURE <u>Hella L. Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, Mo.</u>	

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

530

Received ..... APR 15 1950  
Laclede County Health Unit  
File No. .... 8-50-63  
Date Filed ..... APR 18 1950

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. 343

working under my personal supervision.

Student *J. B. Palmer Jr.*

Student Embalmer

Signed *Richard S. Palmer*

Licensed Embalmer No. 4595

P. O. Address *Selmon, 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.