

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17195

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Debits Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Debits	
c. LENGTH OF STAY (in this place) 2 yr.		d. STREET ADDRESS (If rural, give location) 803 W. Miller	
d. FULL NAME OF HOSPITAL OR INSTITUTION 803 W. Miller			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLIAM c. (Last) STEWART	4. DATE OF DEATH (Month) May (Day) 5 (Year) 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24 1897	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months Days Hours	11. 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) Carman	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R. Co.	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John W. Stewart Sr.	13b. MOTHER'S MAIDEN NAME Alice Cates	14. NAME OF HUSBAND OR WIFE Maude Stewart
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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) Yes World War I	16. SOCIAL SECURITY NO. 702-4-7241	17. INFORMANT'S SIGNATURE OR NAME Maude Stewart	ADDRESS Debits Mo.
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18. CASE 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid 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.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 5 May, 1950, to 5 May, 1950, that I last saw the deceased alive on 5 May, 1950, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. V. W. Jeffers M.D.	23b. ADDRESS Debits Mo.	23c. DATE SIGNED 6 May 50
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24a. BURIAL: CREMATION OR REMOVAL (Specify) Burial	24b. DATE May 7 1950	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Park	24d. LOCATION (City, town, or county) (State) Debits Mo.
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DATE REC'D BY LOCAL REG. 5-11-50	REGISTRAR'S SIGNATURE Marie Ferraro	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Donnell B. Suter Debits Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
5-15-50
DATE RECEIVED

MAY 24 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 _____

Perry F. Milster

Student Embalmer No. *346*

working under my personal supervision.

Student

Perry F. Milster
Student Embalmer

Signed

Donnell B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address *Deats No*

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.