

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22527

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6210 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Texas 17720	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1st		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson 0	
c. LENGTH OF STAY (In this place) 6 wks		d. STREET ADDRESS (If rural, give location) 5 mi. N.E. Raymondville	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Lucy b. (Middle) JANE c. (Last) STEWART			4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 50		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Dec. 20, 1880		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR: (Month) 5 (Day) 17	
IF UNDER 48 HRS. (Hours) Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Texas Co Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John R. Martin		13b. MOTHER'S MAIDEN NAME Mary Charlotte		14. NAME OF HUSBAND OR WIFE George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Carl Stewart	
				ADDRESS P.O. No.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anorexia Nervosa		DUPLICATE OF (b) Anxiety & Depression					
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				311X	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death				Slight Cardiac Decompensation	

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) (m.)		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 3-6, 1950, to 5-19, 1950, that I last saw the deceased alive on 5-19, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Scott Kramer M.D.		23b. ADDRESS Houston Mo		23c. DATE SIGNED 6-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-11-50		24c. NAME OF CEMETERY OR CREMATORY Friendship	
24d. LOCATION (City, town, or county) (State) Texas Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE REC'D BY LOCAL REG. June 11-50		REGISTRAR'S SIGNATURE Myrtle Craig 327		Rayford V. Elliott Houston Mo	

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

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6-13-70

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, MD

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.