

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31178

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 99

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY NEWTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho, MO. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pineville Road Home | | d. STREET ADDRESS (If rural, give location) Pineville Road | |
| 3. NAME OF DECEASED a. (First) LON b. (Middle) S. c. (Last) STEWART | | | 4. DATE OF DEATH (Month) (Day) (Year) SEPT 29 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH OCT 16-1872 |
| 9. AGE (In years last birthday) 77 | | 10. MONTHS 11 | 11. DAYS 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) UNKNOWN |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME CYRUS STEWART | |
| 13b. MOTHER'S MAIDEN NAME MARGARET SMITH | | 14. NAME OF HUSBAND OR WIFE IDA-DECEASED. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME Earl Stewart | | ADDRESS Neosho, MO. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 10 years | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Diabetes Mellitus | | 10 years 20 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 260X | |
| 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 1948 , 19____, to 29 Sept , 1950, that I last saw the deceased alive on Sept. 28, 1950 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE R. A. Taylor | | 23b. ADDRESS Neosho, MO. | |
| 23c. DATE SIGNED 30 Sept 50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE OCT 1 1950 | |
| 24c. NAME OF CEMETERY OR CREMATORY PONCA CITY OKLA | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. Sept 30, 1950 | | REGISTRAR'S SIGNATURE Melvin C. Bowman | |
| 25. FUNERAL DIRECTOR'S SIGNATURE CLARK B. BIRHAM | | ADDRESS Neosho | |

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

0732
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RECEIVED

District Health Officer No. Newton Co. Health Dept.
 District File Number 1050-218
 Date Filed 10-10-50

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 H. Ly-White

Licensed Embalmer No. 4240

P. O. Address Newshe, 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.