

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35955

State File No. ....

FILED NOV 4 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6208 Registrar's No. 29

1070  
✓

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

|   |  |   |   |  |   |   |  |  |
|---|--|---|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>TEXAS</u><br>b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL OZARK</u> )<br>c. LENGTH OF STAY (in this place) _____<br>d. FULL NAME OF HOSPITAL OR INSTITUTION _____        |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u><br>c. CITY (If outside corporate limits, write RURAL, and give township) <u>RURAL</u> <u>1070</u><br>d. STREET ADDRESS (If rural, give location) <u>1/2 E. of Hartshorn</u>  |  |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JAMES S.</u> b. (Middle) <u>WESLEY.</u> c. (Last) <u>STEWART.</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-1950</u>   |   | 5. SEX <u>M.</u> 6. COLOR OR RACE <u>W.</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>              |   |   |  |  |
| 8. DATE OF BIRTH <u>5-22-1922</u>   |  | 9. AGE (In years last birthday) <u>28</u>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>                             |   |   |  |  |
| 11. BIRTHPLACE (State or foreign country) <u>HARTSHORN MO</u>   |  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |   | 13a. FATHER'S NAME <u>OSCAR STEWART</u>  |   |   |  |  |
| 13b. MOTHER'S MAIDEN NAME <u>BESSIE DAY</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>NONE</u>   |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>W. W. II</u> |   |   |  |  |
| 16. SOCIAL SECURITY NO. <u>487-24-0637</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>OSCAR STEWART,</u>   |   | ADDRESS <u>HARTSHORN</u>   |   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Crushed</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>neck Broken</u><br>DUE TO (c) <u>in Car Wreck</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>To 8:00<br/>26</u> |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |   | 20. AUTOPSY? <u>107</u><br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |   |  |  |
| 21a. ACCIDENT (Specify) <u>ACCIDENT</u><br><u>HOMICIDE</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY #17</u>       |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>TEXAS MO</u>  |   |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-14-50 7:30 P.</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u>  |   |   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above. |  |   |   |  |   |   |  |  |
| 23a. SIGNATURE <u>Gaylord V. Elliott</u> (Degree or title) <u>Coroner</u>   |  |   | 23b. ADDRESS <u>CABOOL, MO.</u>   |  | 23c. DATE SIGNED <u>10-17-50</u>  |   |  |  |
| 24a. BURIAL/CREMATION. REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>10-17-50</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>ANTILOCH</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>HARTSHORN TEXAS MO</u> |   |  |  |
| DATE REC'D BY LOCAL REG. <u>Oct 24-50</u>   |  | REGISTRAR'S SIGNATURE <u>Muriel Craig</u> <u>327</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u> ADDRESS <u>HOUSTON, MO</u>  |   |   |  |  |

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2194

Date Filed 10-30-50

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 Frank E Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.