

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22581**

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 49

330

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gladden typ.</u>	
c. LENGTH OF STAY (In this place) <u>3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>near Gladden Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart's Clinic</u>			

3. NAME OF DECEASED (Type or Print) <u>Lena Elizabeth Stewart</u>			4. DATE OF DEATH <u>July 19/51</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>female</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 19 1896</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours 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 <u>x</u>				11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo</u>				12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Hardin Pruitt</u>			13b. MOTHER'S MAIDEN NAME <u>Luella Ashbridge</u>			14. NAME OF HUSBAND OR WIFE <u>Neal 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>x</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Neal Stewart</u> ADDRESS <u>Gladden Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 hours.</u>	
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 8-27-, 1945, to 7-19-, 1951, that I last saw the deceased alive on 7-19-, 1951, and that death occurred at 10.00A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Hart</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>7-19-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Empire Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Gladden Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-19-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Spinner</u> ADDRESS <u>Salem Mo</u>	
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File No. _____
DISTRICT HEALTH OFFICE NO. 4

JUL 23 1951

RECEIVED

AUG 14 1951

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Charles J. Spencer
Student Embalmer No.

Licensed Embalmer No. 2370

P. O. Address Salem, Me.

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.