

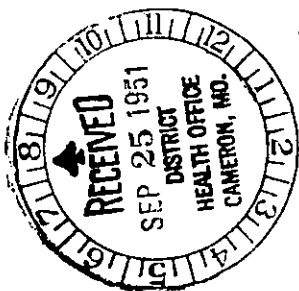
THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29882

FILED SEP 29 1951

BIRTH NO.		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4170		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNION STAR		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNION STAR MO 0320			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ROSA		b. (Middle) EDNA		c. (Last) STEWART		4. DATE OF DEATH (Month) (Day) (Year) Sept 8, 1951	
5. SEX F 1	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Feb 18, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days 6 20	IF UNDER 24 HRS. Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) Illinois 1		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME SAMUEL STEWART			13b. MOTHER'S MAIDEN NAME ELIZA ELLEN BAIRD		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harriet DeWalt			ADDRESS Union Star
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 3 Day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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					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)		331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 4, 1951, to Sept 8, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE E. M. Reynolds M.D.				23b. ADDRESS Union Star Mo		23c. DATE SIGNED Sept 9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL U		24b. DATE Sept 10-51	24c. NAME OF CEMETERY OR CREMATORY UNION STAR		24d. LOCATION (City, town, or county) (State) UNION STAR MO		
DATE REC'D BY LOCAL REG. 9-21-51		REGISTRAR'S SIGNATURE Harold Davidson 82		25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Clark		ADDRESS King City	

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



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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Roland W. Clark

Licensed Embalmer No. 4477

P. O. Address King City 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.