

STANDARD CERTIFICATE OF DEATH

State File No. **38389**
Registrar's No. **64**

BIRTH NO. _____		REG. DIST. No. 276		PRIMARY REG. DIST. NO. 5945	
1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Dillon		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Dillon twp.		0810
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile North of Dillon			d. STREET ADDRESS (If rural, give location) 1 mile North of Dillon		
3. NAME OF DECEASED (Type or Print) GEORGIA		a. (First) ANNA	b. (Middle) STEWARD	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 11, 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR: Months _____ Days _____
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) Terre Haute, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Elias Laney		13b. MOTHER'S MAIDEN NAME Nancy ??		14. NAME OF HUSBAND OR WIFE Albert B. Steward	
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 ADDRESS Mrs. Ollie Murphy Rt. 1 Rolla		
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) Cardio-vascular-renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Nephritis, Metabol Heart Disease DUE TO (c) Senile debility				INTERVAL BETWEEN ONSET AND DEATH 8 to 10 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X
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 Mar 1946 , 19 46 to Dec. 1951 , that I last saw the deceased alive on Sept 5, 1951 , and that death occurred at 8 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE Richard C. Nigam		(Degree or title)	23b. ADDRESS Newburg, Mo.		23c. DATE SIGNED Dec 4 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Mo.		
DATE REC'D BY LOCAL REG. Dec-11-51	REGISTRAR'S SIGNATURE Coral Birminghham		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.	

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

0810
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RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 12-13-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.