

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38401

State File No. ....

FILED DEC 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>	c. LENGTH OF STAY (In this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>LOUISIANA</u>	d. STREET ADDRESS (If rural, give location) <u>905 TENNESSEE ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>MARIA</u>	b. (Middle) <u>ALVIN</u>	c. (Last) <u>STEWART</u>	NOV.	30	1951

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 9, 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>21</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MAIL CARRIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MAIL CARRIER</u>		11. BIRTHPLACE (State or foreign country) <u>PIKE CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>WILLIAM STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA P. MANNING</u>		14. NAME OF HUSBAND OR WIFE <u>LOU ALICE STEWART</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>	16. SOCIAL SECURITY NO. <u>SPANISH AMERICAN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRED HALLOWS</u>	ADDRESS <u>LOUISIANA MO.</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>	DUPLICATE		
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTICIPATED CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
	DUE TO (b) <u>Old Organic Heart Disease</u>		DUE TO (c) <u>Small Profound Anemia</u>
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 1921, to 11-30, 1951, that I last saw the deceased alive on 11-29, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles P. Lewellen, M.D.</u>	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>12-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Berniece Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stearns Funeral Home</u>	ADDRESS <u>Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 26 1952

MAY 2 1952

MAY 1 1952

MAY 20 1952

FEB 1 1952

OCT 16 1953

DEC 10 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 12-51-223

Date Filed:

DEC 11 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.

Student Embalmer No.....

Signed Virginia M. Sterne

Signed.....  
Student Embalmer

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.