

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Randal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Randal</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mc. N. E. Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mc. N. E. Jackson</u>		e. STREET ADDRESS (If rural, give location) <u>3 Mc. N. E. Jackson</u>	

3. NAME OF DECEASED (First) <u>Lewis</u> (Middle) <u>Jefferson</u> (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2-1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 15-1878</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Samuel Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Lucella Bean</u>	
13c. NAME OF HUSBAND OR WIFE <u>Connie Hansel Stewart</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>unk</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Connie Stewart Jackson</u>		17. ADDRESS <u>Jackson Mo</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>246 67</u>	

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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>246 67</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Heart Attack</u>			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>None</u>			
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) <u>4201</u>	
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 Dec 1, 1951, to Feb 2, 1952, that I last saw the deceased alive on Oct 1, 1952, and that death occurred at 2:12 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. G. Stephens M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>2-2-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>4 Mi. E. Jackson Mo</u>		DATE REC'D BY LOCAL REG. <u>2-3-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorothy Laird</u>		ADDRESS _____			

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

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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 B. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.