

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32452**

FILED OCT 9 1952
BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. **5905** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bodair		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 2 Rural Portageville Mo. 1980	
c. LENGTH OF STAY (In this place) 55yrs		d. STREET ADDRESS (If rural, give location) Rt. 2, Portageville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) CULLEN b. (Middle) EDWARD c. (Last) STEWARD			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24, 1894	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Pemiscot County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME W. S. Steward	13b. MOTHER'S MAIDEN NAME Mary Anderson	14. NAME OF HUSBAND OR WIFE Rachel Mullins Steward
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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) Yes W.W. I	16. SOCIAL SECURITY NO. 489-18-6667	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rachel M. Steward-Portageville ADDRESS Rt. 2
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND 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. Cerebral Thrombosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 X	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) (Min.) 10 55 AM 1952	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 **4-3**, 19**52**, to **4-3**, 19**52**, that I last saw the deceased alive on **4-3**, 19**52**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE C. D. Kaus (Degree or title) M.D.	23b. ADDRESS HAYT, MO	23c. DATE SIGNED 10-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Mound Cemetery	24d. LOCATION (City, town, or county) (State) Near Marston, Mo. Hi 61
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DATE REC'D BY LOCAL REG. 10-2-52	REGISTRAR'S SIGNATURE John W. Herman	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith ADDRESS Funeral Home-Caruthers
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780
1

10-295-52

PERMITS COUNTY HEALTH DEPT. BLDG.
COURTHOUSE, PHONE 79
OCT 7 1952
CARUTHERSVILLE, MO.

OCT 8 1952

OCT 16 1952

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

W. Denver Fike

Licensed Embalmer No.

4484

P. O. Address

Caruthersville 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.