

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34550

State File No.

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUNGETON</u> <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBEN</u> b. (Middle) <u>STEWARD</u> c. (Last) <u>STEWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 14 52</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAY 14, 1884</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>??</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBY BLY</u> ADDRESS <u>Boonville, MO 921 WATER</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES <u>2nd degree burns</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9/60 16</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u>	
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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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 13 1952 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2nd degree burns Accidentally</u>	
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22. I hereby certify that I attended the deceased from Oct 13, 1952, to Oct 14, 1952, that I last saw the deceased alive on Oct 13, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. Debrae M.D.</u>		23b. ADDRESS <u>Boonville MO</u>		23c. DATE SIGNED <u>10/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 18, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BUNGETON</u>	
24d. LOCATION (City, town, or county) (State) <u>BUNGETON-COOPER MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Stunt P. Drake</u> ADDRESS <u>Calambui</u>			

DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>D. Cooper</u>		3815	
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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, ~~or by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Grant D. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia W.*

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.