

STANDARD CERTIFICATE OF DEATH

OCT 29 1952

1031

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

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>		<u>1031</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>So. Catalpa</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Stewart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 28, 1885</u>	
9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR (Days) <u>4</u>		11. UNDER 1 HR. (Hours) <u>8</u>		12. UNDER 1 MIN. (Mins.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Asherville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Pollard Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sheeks</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-10-8240</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rachel Stewart, Dexter, Mo.</u>			
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>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES				<u>6 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis</u>				<u>5 yrs</u>	
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS- (Conditions contributing to the death but not related to the disease or condition causing death.)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				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)		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 <u>10-6-52</u> to <u>10-6-52</u> , that I last saw the deceased alive on <u>10-6-52</u> , and that death occurred at <u>8:35 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Strickland</u>				23b. ADDRESS <u>Dexter Mo.</u>		23c. DATE SIGNED <u>10-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-20-52</u>		REGISTRAR'S SIGNATURE <u>W. B. Strickland</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>			

**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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address. New York, N.Y.

**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.**