

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42042**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1115</u>		
1. PLACE OF DEATH GREEN COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE No. _____ b. COUNTY Christian				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 9 Da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Galloway		0229		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hos.				d. STREET ADDRESS (If rural, give location) Christian				
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) L. c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1952					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH (last birthday) Aug. 13, 1883		
9. AGE (In years) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Rube Miller			13b. MOTHER'S MAIDEN NAME Irene J. White		14. NAME OF HUSBAND OR WIFE WM. T. Stewart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. T. Stewart, Spokane, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation (malnutrition)					70-80 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					90 days	
		DUE TO (b) Paralysis of oesophagus and muscles by deglutition, DUE TO (c) Radical dissection of mouth and neck for carcinoma of the mouth.						
19a. DATE OF OPERATION 12-8-52		19b. MAJOR FINDINGS OF OPERATION Gastrostomy done. Partial paralysis oesophagus and muscles of deglutition.					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) (Min.)		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 8, 1952 , to Dec 14, 1952 , that I last saw the deceased alive on Dec 14, 1952 , and that death occurred at 10:12 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE H. Heubauer, M.D. (Degree or title)				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 12-19-52		
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE Dec. 17, 1952		24c. NAME OF CEMETERY OR CREMATORY Spokane Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Missouri		
DATE REC'D BY LOCAL REG. 12-19-52		REGISTRAR'S SIGNATURE Edith Williams Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo				

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.