

3. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9486**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **242**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Diggins	
c. LENGTH OF STAY (In this place) 12 hours		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Inez c. (Last) Steward			4. DATE OF DEATH (Month) (Day) (Year) 3 - 7 - 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9-24-1894		9. AGE (In years last birthday) 59		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri	

13a. FATHER'S NAME Phillip Marion Renner		13b. MOTHER'S MAIDEN NAME Janie Keller		14. NAME OF HUSBAND OR WIFE Stephaner Steward	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mr. Stephaner Steward ADDRESS Diggins, Mo.	

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) Shock and toxemia		Peritonitis due to strangulated ilium			553x
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Adhesions from appendix			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 3-6-53		19b. MAJOR FINDINGS OF OPERATION Strangulation of the ilium caused by an adhesion from the appendix.			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **3-6**, 19**53** to **3-7**, 19**53**, that I last saw the deceased alive on **3-6**, 19**53**, and that death occurred at **6:55am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Springfield, Mo. 700 East Sunshine		23c. DATE SIGNED 3-7-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-10-53		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM.	
24d. LOCATION (City, town, or county) (State) WEBSTER Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Fordland Mo.			
DATE REC'D BY LOCAL REG. 3-10-53		REGISTRAR'S SIGNATURE [Signature]			

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. K. Swell

Licensed Embalmer No. 4910

P. O. Address Fordland, 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.