

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16797

State File No.

FILED APR 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)			
a. COUNTY Missouri <u>Virginia</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Dexter, R. 3</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter, R. s. 3</u>		<u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>Liberty Twp.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Minnie</u>		b. (Middle) <u>Virginia</u>		c. (Last) <u>Stewart</u>		(Month) (Day) (Year) <u>April. 11. 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 23. 1881</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Mo. R. 3.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Garner</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Riddle</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Stewart, Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. A. Garner Sister in Law</u> ADDRESS <u>Dexter, R. #3</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>Carcinoma of Lung</u>		ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Lung</u>				<u>961</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				<u>10 yr</u>	
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>175X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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>Jan. 1953</u> , to <u>April 11, 1953</u> , that I last saw the deceased alive on <u>4-8</u> , 1953 and that death occurred at <u>3:47</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. S. Davis M.D.</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>4-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4. 12. 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemtery</u>		24d. LOCATION (City, town, or county) (State), <u>Dexter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-53</u>		REGISTRAR'S SIGNATURE <u>Thomas W. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Jeter, 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.