

FILED OCT 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32627

1003

Registrar's No. 10051

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

| | | | | | | | | | |
|--|-------------------------------|--|--|---|---|---|-------------------------------------|--------------------------|--------------------------|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 8, MO | | c. LENGTH OF STAY (in this place) 1 mo. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cordell, Oklahoma | | d. STREET ADDRESS (If rural, give location) 9350 8 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employees' Hospital | | | | | | | | | |
| 3. NAME OF DECEASED a. (First) Clyde | | | b. (Middle) | c. (Last) STEWART | 4. DATE OF DEATH (Month) (Day) (Year) 10-20-53 | | | | |
| 5. SEX Male | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Mar 16, 1895 | | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. & Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Rail Road | | 11. BIRTHPLACE (State or foreign country) Lee County Virginia | | 12. CITIZEN OF WHAT COUNTRY? American | | | |
| 13a. FATHER'S NAME Daniel Stewart | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Collins | | 14. NAME OF HUSBAND OR WIFE Cora Stewart | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 702-03-7115 | | 17. INFORMANT'S SIGNATURE OR NAME Cora Stewart Cordell, Okla | | | | ADDRESS | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (b) Septic Perforated ulcer small bowel | | | | 1 wh | | |
| DUE TO (c) Lymphosarcoma intestine | | | DUE TO (c) Pulmonary infarct - septis | | | | 2 wh + | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |
| 19a. DATE OF OPERATION 10/12/53 | | 19b. MAJOR FINDINGS OF OPERATION Perforated ulcerations small bowel (5) | | | | 20. AUTOPSY? YES <input checked="" 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) St. Louis MO Mo | | | | | |
| 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? 2001 | | | | | |
| 22. I hereby certify that I attended the deceased from 10/12, 1953 , to 10/20, 1953 , that I last saw the deceased alive on 10/20, 1953 , and that death occurred at 9:50 a.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Joseph E. Flynn MD | | | | 23b. ADDRESS 1625 Brentwood | | | 23c. DATE SIGNED 10/20/53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10-20-53 | 24c. NAME OF CEMETERY OR CREMATORY Cordell Cemetery | | | 24d. LOCATION (City, town, or county) (State) Cordell Okla | | | |
| DATE REC'D BY LOCAL REG. OCT 21 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe Inc. 4700 Washington | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.