

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42020

State File No. ....

FILED DEC 22 1953

BIRTH NO. .... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		c. CITY OR TOWN <u>MEXICO</u> <u>0043</u>		d. STREET ADDRESS (If rural, give location) <u>524 W. WHITLEY ST.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN COUNTY HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>STEWART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17 1953</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>1886</u> <u>DEC. 26, 1887</u>	
9. AGE (In years, last birthday) <u>65</u>		10. MONTHS <u>6</u>		11. IF UNDER 1 YEAR <u>0</u>		12. IF UNDER 1 MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUDRAIN COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE A. STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN ELLEN JESSIE</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE STEWART</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 <u>709-12-0388</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MABLE STEWART MEXICO, MO.</u>			
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, asthma, etc. It means the direct injury, or complications which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				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) <u>Hypertension</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				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>Apr 15, 1953</u> to <u>12-17, 1953</u> , that I last saw the deceased alive on <u>12-17, 1953</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Frank Jolley</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>12/18/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO.</u>	
DATE RECD BY LOCAL REG. <u>Dec 18 1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tad E. Pugh, Mexico Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

APR 19 1944

041

**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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico 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.

State of Missouri }  
County of Audrain } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 42020

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 208

On this 13th day of February, 1945, before me appears Mabel Roy Stewart, who, upon her oath, states that the original record of <sup>birth</sup> death

for Jasper Edward died December 17, 1953, in the State of Missouri, and which was filed at Mexico Mo. on Dec. 18, 1953, should be corrected as follows:

Item No. 8 should read Dec. 26, 1886

Instead of Dec. 26, 1887

Item No. 9 should read 66

Instead of 65

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mabel Roy Stewart wife  
Relationship.

524 W. Whitley St.  
Present Address.

Subscribed and sworn to before me this 13th day of February, 1945

My Commission expires May 25, 1955. (L.R. Stevens) Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-42020