

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2319**

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

FILED FEB 10 1954		REG. DIST. NO. 275	PRIMARY REG. DIST. NO. 5942	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Twp. Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla - Rural		
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) Hiway 66 W. of Rolla		
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway 66 W. of Rolla		4. DATE OF DEATH Feb. 1, 1954		
3. NAME OF DECEASED (Type or Print) a. (First) EVERETT		b. (Middle) LEE		c. (Last) STEWART
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 24, 1905	9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) Lake Springs, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Benjamin F. Stewart		13b. MOTHER'S MAIDEN NAME Dora Bartle	14. NAME OF HUSBAND OR WIFE Julia M. Woods Stewart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-10-5250	17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Stewart ADDRESS Hiway 66 W. Rolla, Mo.	
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) Thalido-amine - sarcoma		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 197X			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) (m.)	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 June 1949 to Feb 1, 1954 , that I last saw the deceased alive on Jan 31, 1954 , and that death occurred at 5:15A m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Samuel M. Myers M.D.		23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 2/2/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 3, 1954	24c. NAME OF CEMETERY OR CREMATORY Rolla	24d. LOCATION (City, town, or county) (State) Rolla, Missouri	
DATE REC'D BY LOCAL REG. Feb. 3, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Hollan ADDRESS 1100 Elm, Rolla, Mo.		

County File Number _____
Date Filed 2-9-54

MAR 16 1954

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 Bill L. Shubert

Licensed Embalmer No. 4859

P. O. Address Ralla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.