

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9419

State File No.

FILED APR 1 1954

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>RAHLS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>New London</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS (If rural, give location)		<u>0870</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Basil</u> c. (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 18-1906</u>
9. AGE (in years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>4</u> IF UNDER 1 YEAR Days <u>8</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Character of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>New London O</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>George Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Perkins</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Braxton</u> ADDRESS <u>1906 Hope St</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 disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>virus infection</u> DUE TO (c)		<u>9 days</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>no</u>	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)	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 3-19-54 to 3-20-54 that I last saw the deceased alive on 3-19-54 and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. [Signature]</u> (Degree or title)	23b. ADDRESS <u>Hannibal MO</u>	23c. DATE SIGNED <u>3-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>	24d. LOCATION (City, town, or county) (State) <u>New London MO</u>
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DATE REC'D BY LOCAL REG. <u>3/24/54</u>	REGISTRAR'S SIGNATURE <u>Dr. M. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u> ADDRESS <u>Hannibal</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 31 1954
MARION CO. HEALTH DEPT.
DATE FILED MAR 31 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.....
Signature of Student Embalmer

Signed *Geo E. Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.