

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

13031

State File No. ....

FILED MAY 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Richmond</u>	c. LENGTH OF STAY (in this place) <u>20 years</u>	c. CITY OR TOWN <u>Richmond</u>	d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles west Richmond</u>		e. STREET ADDRESS (If rural, give location) <u>4 miles west of Richmond</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>MARY</u> c. (Last) <u>Stewart.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 2, 1886</u>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>67</u> <u>5</u> <u>14</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>T.H. Warthon</u>	13b. MOTHER'S MAIDEN NAME <u>FANNIE MOYER</u>	14. NAME OF HUSBAND OR WIFE <u>Clare E. 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 NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marion Stewart, Hayville, 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, ashenia, 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>Acute pulmonary edema</u>		<u>3 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute congestive heart failure</u> DUE TO (c) <u>Generalized arteriosclerosis &amp; hypertension</u>		<u>3 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt. Hemiplegia</u>			<u>4 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443' X</u>		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) (Min.)	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 May 11, 1950, to July 14, 1950, that I last saw the deceased alive on April 16, 1954, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. D. Johnson M.D.</u>	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>4/24/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westing Green</u>
24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest - McFadden Home</u>	
DATE REC'D BY LOCAL REG. <u>April 26, 1954</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	ADDRESS <u>Richmond, Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0890

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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.....  
Signature of Student Embalmer

Signed *George H. Hill*.....  
Licensed Embalmer No. 4069

P. O. Address *Richmond*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.