

FILED AUG 5 1954

STANDARD CERTIFICATE OF DEATH

23584  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 16

570  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
a. COUNTY LINCOLN  
b. CITY (If outside corporate limits, write RURAL and give town) ELS BERRY  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION 133 WELCH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY LINCOLN  
c. CITY (If outside corporate limits, write RURAL and give township) Elsberry 0570  
d. STREET ADDRESS (If rural, give location) 133 Welch 0

3. NAME OF DECEASED (Type or Print)  
a. (First) HELEN b. (Middle) V. c. (Last) STEWARD  
4. DATE OF DEATH (Month) (Day) (Year) JULY 15 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 8. DATE OF BIRTH MAY 26, 1898 9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC 10b. KIND OF BUSINESS OR INDUSTRY House work 11. BIRTHPLACE (State or foreign country) TERRE HAUTE, INDIANA 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. SARTAIN 13b. MOTHER'S MAIDEN NAME MARGARET GIBSON 14. NAME OF HUSBAND OR WIFE DIVORCED

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 \_\_\_\_\_ ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinomatosis  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Carcinoma of the Cervix Uteri  
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  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 20, 1954, to July 15, 1954 that I last saw the deceased alive on July 15, 1954, and that death occurred at 6:54 a. m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Heald (Degree or title) \_\_\_\_\_ 23b. ADDRESS Elsberry, Missouri 23c. DATE SIGNED July 15, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE 7-16 24c. NAME OF CEMETERY OR CREMATORY VALHALLA 24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo.

DATE REC'D BY LOCAL REG. 8-4-54 REGISTRAR'S SIGNATURE Mrs. Clarence Kuntz 4550 FUNERAL DIRECTOR'S SIGNATURE Paula Rieck ADDRESS Elsberry, Mo.

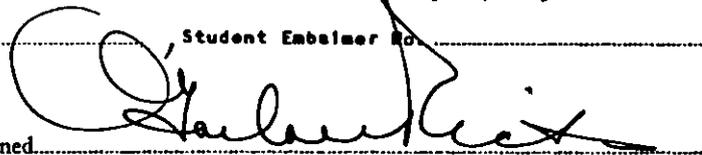
AUG 5 193

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.