

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

State File No. **37762**

FILED NOV 17 1955

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **124**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY OR TOWN Louisiana		b. COUNTY Pike	
c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 716 North 9 th. Street	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alice c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Dec. 25, 1881		9. AGE (In years) (Months) (Days) 73 10 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	
11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY Own Home	

13a. FATHER'S NAME James Hadsell		13b. MOTHER'S MAIDEN NAME Jennie McKinney		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Schmelzer, Hannibal, Mo.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		INTERVAL BETWEEN ONSET AND DEATH one week	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic			
		DUE TO (c) Hypertensive Cardiovascular Disease		5 yrs +	
		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 1/201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **1-25, 1953**, to **11-10, 1955**, that I last saw the deceased alive on **11-10, 1955**, and that death occurred at **9:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Lavelle M.D.		23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 11-14-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/13/1955		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
				24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	

DATE REC'D BY LOCAL REG. Nov 14, 1955		REGISTRAR'S SIGNATURE Bernice Callier 374		FUNERAL DIRECTOR'S SIGNATURE ADDRESS George O. Nagus Louisiana, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 O. Wagner*
Licensed Embalmer No. *377*
P. O. Address *Louisiana*

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.