

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24327**  
Registrar's No. **58**

FILED AUG 6 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4283** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <b>Ewing, Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ewing</b>		c. CITY OR TOWN <b>Ewing</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>49</b>		e. STREET ADDRESS (If rural, give location) <b>R.F. D 2, Ewing, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home, Ewing, R. 2.</b>			
3. NAME OF DECEASED (Type or Print), a. (First) <b>Annie</b>		b. (Middle) <b>Bessie</b> c. (Last) <b>Stewart</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1956</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married widow</b>	8. DATE OF BIRTH <b>Aug. 14, 1880</b>
9. AGE (In years, last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Marion County, Nelsonville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Wm. Elery Samuel</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hanline Samuel</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased A. T. Stewart</b>			
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. <b>70.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Stewart Kelly</b> ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>High blood pressure</b>		Years	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		10 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile dementia</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3 34 X</b>	
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)		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 <b>Mar. 8, 1956</b> , to <b>July 24, 1956</b> that I last saw the deceased alive on <b>July 24, 1956</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Harry S. W. Crocker D.O.</b>		23b. ADDRESS <b>La Belle, Missouri</b>	
23c. DATE SIGNED <b>7/26/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 26-1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Maconic</b>		24d. LOCATION (City, town, or county) (State) <b>In Ewing, Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-31-56</b>		REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ball</b>		ADDRESS <b>Ewing</b>	

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

161-0

**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.....*Thomas Ball*.....

Licensed Embalmer No.....*1744*.....

P. O. Address.....*Ewing*.....

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.