

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

State File No. **2301**

FILED FEB 7 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 14

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Chelapa</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chelapa</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u> | |
| c. LENGTH OF STAY (in this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>0810</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH</u> b. (Middle) <u>MAY</u> c. (Last) <u>STEWART</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1957</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>Mar 24 - 1872</u> | | 9. AGE (In years last birthday) <u>84</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</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 | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>William C Jones</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha C Woodruff</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harry 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. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ma L L King</u> ADDRESS <u>St. Louis 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Concussion due to fall</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cerebral embolism</u> | | |
| | DUE TO (c) <u>Cerebral hemorrhage</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility - 9049</u> | | | |

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>45</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) <u>0810</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 A m., from the causes and on the date stated above.

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Richard A. Newbold</u> | | (Degree or title) | | 23b. ADDRESS <u>Newburg, Mo.</u> | | 23c. DATE SIGNED <u>Jan 29</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 30 - 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Newburg</u> | | 24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 29, 1957</u> | | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> | | ADDRESS <u>Newburg Mo</u> | |

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

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RECEIVED

Phelps County Health Officer

County File Number 6-37

Date Filed FEB 6 1957

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

Student Embalmer

Signed

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.