

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23897

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 70 Primary Registration District No. 5276 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stokes</u> OR TOWN <u>Anson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Anson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb	d. STREET ADDRESS <u>Lawrence</u>			(If outside, give location) <u>Mo.</u> Inside on Farm <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Elizabeth</u> Last <u>Stewart</u>			4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1957</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 12, 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
					Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator (ret.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Clark Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Maria McKee</u>				
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. <u>478-18-3717</u>	17. INFORMANT <u>Russell Stewart</u>		Address <u>Warrens, Ill.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>331X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>one day</u> <u>yes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:30 PM</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Perry S. Borton (Carver)</u>			22b. ADDRESS <u>Kaloka, Mo</u>		22c. DATE SIGNED <u>6-29-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Anson Mo</u>				
24. FUNERAL DIRECTOR <u>Otis L. Shuttig</u>		ADDRESS <u>Kaloka Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/9-1957</u>	26. REGISTRAR'S SIGNATURE <u>J. B. Breda</u>			

(Licensed Embalmer's Statement on Reverse Side)

1th, elfare, lic, vice

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

MEDICAL CERTIFICATION

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 John Bolin, Student Embalmer No. 5
working under my personal supervision..

Student John Bolin
Signature of Student Embalmer

Signed Oliver Lutting

Licensed Embalmer No. 29

P. O. Address Lurray

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.