

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28101

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 160

|  |                                  |   |  |  |  |   |   |
|--|----------------------------------|---|--|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Grundy</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Grundy</b> |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Trenton</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |  | c. CITY OR TOWN <b>Spickard</b>                                      |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Wright Hospital</b>  |                                  |   | Length of stay in lb   |  | d. STREET ADDRESS (If outside, give location)                        |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Charles</b> Middle <b>Eldon</b> Last <b>Stewart</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>29</b> Year <b>1957</b>   |  |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Aug. 6 1914</b>   |  | 9. AGE (In years last birthday)<br><b>43</b>    | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Radio &amp; T V Service</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><b>Grundy Co. Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>  |
| 13. FATHER'S NAME<br><b>Eli Stewart</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Ellen Thomas</b>   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>Verne Speck Spickard Mo.</b>   |  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  |                                  |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |   |  |  |  |   | DUE TO (b) _____<br>DUE TO (c) _____  |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour _____ a. m. _____ p. m. _____<br>Month _____ Day _____ Year _____  |                                  |   |  |  |  |   |   |
| 20d. INJURY OCCURRED<br>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<br><b>331X</b>  |  | COUNTY STATE                                    |   |
| 21. I attended the deceased from <b>8-29-57</b> to <b>8-29-57</b> and last saw <sup>her</sup> <sub>him</sub> alive on _____<br>Death occurred at <b>7th Ave</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |  |   |   |
| 22a. SIGNATURE<br><i>Oliver F. [Signature]</i>   |                                  |   |  | 22b. ADDRESS<br><b>Trenton Mo</b>  |  | 22c. DATE SIGNED<br><b>Aug 29 1957</b>          |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>Sept 1 1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Masonic Cemetery</b>                                |  | 23d. LOCATION (City, town, or county) (State)<br><b>Spickard Mo.</b> |   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Schooler Funeral Home Spickard Mo.</b>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>9/1/57</b>  |  | 26. REGISTRAR'S SIGNATURE<br><i>Verne Speck</i> |   |

(Licensed Embalmer's Statement on Reverse Side)

1957 9 8 415

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 Ross Wise .....

Licensed Embalmer No. 21

P. O. Address Spickard

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.