

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43766**

V. S. No. 300  
REV. 10.48

FILED DEC 30 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY OR TOWN <b>Pleasant Hill</b>		c. CITY OR TOWN <b>Pleasant Hill</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>918 Oak</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>918 Oak</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>WILLIAM</b>	b. (Middle) <b>—</b>	c. (Last) <b>STEWART</b>	(Month) <b>12</b>	(Day) <b>10</b>	(Year) <b>1957</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 14, 1867</b>	9. AGE (In years last birthday) <b>90</b>	if UNDER 1 YEAR Months if UNDER 1 MIN. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pleasant Hill, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Watson Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Josie Stewart</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Josie Stewart Pleasant Hill Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>			<b>12 hours</b>
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>old age - senility</b>			<b>30 yrs.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

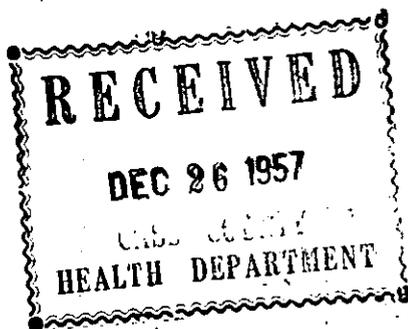
19a. DATE OF OPERATION <b>home</b>		19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>4201</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Pleasant Hill, Cass, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>home</b>	

22. I hereby certify that I attended the deceased from **12/10, 1956**, to **12/10, 1957**, that I last saw the deceased alive on **12/10, 1957**, and that death occurred at **2:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Barnard D.O.</b>		23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>12/11/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-12-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b>	
				24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-15-57</b>		REGISTRAR'S SIGNATURE <b>Dora Barnard</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Brownfield - Stanley Pleasant Hill Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Raymond A. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill, 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.