Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006104
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Mo — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Hosp — Length of stay in 1b 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 2304 W 4th (If outside city, give county) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Amos Middle Last Stewart
4. DATE OF DEATH: Month Feb Day 13 Year 1958
5. SEX: M
6. COLOR OR RACE: wh
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-6-1885
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Palmyra Neb
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Isaah Stewart
14. MOTHER'S MAIDEN NAME: unknown
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.:
17. INFORMANT (Address): Corda Stewart Joplin Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypostatic pneumonia — 2 days
DUE TO (c) Cerebral vascular accident 331/X — 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): arteriosclerosis (unknown duration)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-3-58 to 2-13-58 and last saw ~~her~~ him alive on 2-13-58
Death occurred at 11:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 521 W. 4th Joplin, Mo.
22c. DATE SIGNED 2-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 2-15-58
23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cem
23d. LOCATION (City, town, or county) (State): Sarcoxie Mo
24. FUNERAL DIRECTOR: Jackman & Son Sarcoxie Mo
25. DATE RECD. BY LOCAL REG.: 2-26-1958
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Jasper County Health Office
County File Number 38-3-216
Date Filed MAR 3 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 39

P. O. Addr. Sarcoxie

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