

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021441  
State File No.

FILED JUL 7 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. 0350</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -</u>		c. LENGTH OF STAY in this place <u>50 yrs</u>	c. CITY OR TOWN <u>Cardwell Rt. 1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>S.E. Lancaster residence</u>					
e. STREET ADDRESS (If rural, give location) <u>6mi SW of Cardwell</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Cathrine</u> f. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 15, 1862</u>		9. AGE (In years, Months, Days) <u>95 6 0</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 <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>	
12. CITIZENSHIP OF THAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Charley Joiner</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Beavers</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S.E. Lancaster - Cardwell, Mo. Rt. 1</u>		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>4500</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov, 1957, to May, 1958, that I last saw the deceased alive on 13 May, 1958, and that death occurred at 5 1/2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.P. Swygard M.D.</u> (Degree or title)		23b. ADDRESS <u>Cardwell</u>		23c. DATE SIGNED <u>21 May 58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/17/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cockrum Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, Mo. Rt. 1</u>	
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DATE REC'D BY LOCAL REG. <u>6-25-58</u>		REGISTRAR'S SIGNATURE <u>Edna L. Leland</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Funeral Service - beachville, Ark</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 6-30-58  
COUNTY FILE NUMBER 658-

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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..... *Walter Brines*.....  
Licensed Embalmer No. 5032  
P. O. Address *Seachville, W. Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.