

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037225
STATE FILE NUMBER

FILED NOV 7 1958

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 30

300
1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COMO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN AUGUSTA
c. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Mi. W. MALDEN		Length of stay in 1b 30 DAYS	d. STREET ADDRESS (If outside, give location) UNKNOWN
3. NAME OF DECEASED (Type or print) First Middle Last H ANABLE STEWARD			4. DATE OF DEATH Month Day Year 10-25-1958
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1870
9. AGE (In years last birthday) 88		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		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOE STEWARD	
13b. MOTHER'S MAIDEN NAME PLINEY STEWARD		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address EVERIE STEWARD MALDEN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 30 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) INFIRMITIES OF AGE			
DUE TO (c) 4200			
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"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 1	COUNTY STATE
21. I attended the deceased from Sept 25, 1958 , to 10-25-1958 and last saw her/him alive on _____ Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deduce or type) J. E. Mitchell M.D.		22b. ADDRESS MALDEN, MO.	22c. DATE SIGNED 10-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-26-58	23c. NAME OF CEMETERY OR CREMATORY BROAD WATER	23d. LOCATION (City, town, or county) (State) MALDEN MO.
24. FUNERAL DIRECTOR ADDRESS D+K. FUNERAL HOME, MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 10/30/58	26. REGISTRAR'S SIGNATURE W. Gerhart

DATE RECEIVED NOV 5 1958
NEW MADRID CO. HEALTH CENTER

P.J.S.

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 J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Madison, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.