

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038671

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 362

Primary Registration District No. 6237

Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hickory-Grove		c. CITY OR TOWN Wright City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Carrie S. Stewart		4. DATE OF DEATH Month Day Year Oct 30, 1958	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) St Paul, Mo
13a. FATHER'S NAME Joe France		13b. MOTHER'S MAIDEN NAME Anna Logan	14. NAME OF HUSBAND OR WIFE Pete Stewart
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. None	17. INFORMANT Address Mrs Gerald Ball, Wentzville 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) 4. Coronary thrombosis acute Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) 4. Hypertensive Cordis Vascul Nephrosy DUE TO (c) Secondary arteriosclerosis -			INTERVAL BETWEEN ONSET AND DEATH 1 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> NOT WHILE 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	COUNTY STATE
21. I attended the deceased from 6-7-58 to 10-30-58 and last saw her alive on 10-24-58 Death occurred at 5:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wesley Logan</i>		22b. ADDRESS Wright City Mo	22c. DATE SIGNED 10-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 2 1958	23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Wright City, Missouri
24. FUNERAL DIRECTOR ADDRESS Nieburg Furn & Und CO Wright City		25. DATE RECD. BY LOCAL REG. October 31, 1958	26. REGISTRAR'S SIGNATURE <i>Wesley Logan</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Julius J. Niburg*
Licensed Embalmer No. *3366*
P. O. Address *Wright City*

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.