THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004396
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain County — Length of stay in lb 2 dys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Wellsville 0702 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Kregal St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First VERNON Middle EVERETT Last STEWART
4. DATE OF DEATH Month Day Year Feb. 8,1959
5. SEX Male c
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. 27,1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 11 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Clerk
10b. KIND OF BUSINESS OR INDUSTRY General Motors
11. BIRTHPLACE (City and state or country) Stewartville, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Stewart
13b. MOTHER'S MAIDEN NAME Anna Perryman
14. NAME OF HUSBAND OR WIFE Hazel Samson Stewart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-03-4211
17. INFORMANT Address Mrs. Hazel S. Stewart, Wellsville, M

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Ht Disease — 15 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1956, to Jan 8 1959 and last saw her/him alive on Jan 8, 1959
Death occurred at 10:40 AM (m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leonard L. Davis Jr MD
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 2-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/10,1959
23c. NAME OF CEMETERY OR CREMATORY Wellsville City
23d. LOCATION (City, town, or county) (State) Wellsville, Missouri

24. FUNERAL DIRECTOR N B Kelly ADDRESS Wellsville, Mo.
25. DATE RECD. BY LOCAL REG. Feb 9-1959
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Leonard L. Davis Jr. MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, M

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