

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006344

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 13-59

300
1-57

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anderson Twnsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Anderson <i>0609</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt. # 2
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First Walter	Middle Ray	Last Stewart	4. DATE OF DEATH	Month Jan.	Day 22	Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1892	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 27 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Indian Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George S. Stewart	13b. MOTHER'S MAIDEN NAME Sarah Stillon	14. NAME OF HUSBAND OR WIFE Ora Stewart
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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. 500-05-0842	17. INFORMANT George Stewart	Address K. C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis (Probable) <i>(Investigated by R. M. Humphreys, Jr., M.D., Coroner of Mc Donald County)</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		4201

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.) Spinal Cord
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Mary A. Bradley</i>	(Degree or title) <i>Registrar</i>	22b. ADDRESS <i>Pineville, Missouri</i>	22c. DATE SIGNED <i>2-16-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/25/1959	23c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery	23d. LOCATION (City, town, or county) (State) Anderson, Missouri
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24. FUNERAL DIRECTOR Rapp Funeral Home	ADDRESS Anderson, Mo.	25. DATE RECD. BY LOCAL REG. 2-13-59	26. REGISTRAR'S SIGNATURE <i>Mary A. Bradley</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Docu, Coluier, etc. must use only non-mercurial instruments in their to. no symptoms will be traced. 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 *J. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Nash, 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.