

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009987
STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 12

FILED MAR 30 1959

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		c. CITY OR TOWN Edina 0.5 20 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		d. STREET ADDRESS (If outside, give location) 15 mo	

3. NAME OF DECEASED (Type or print) First MARY Middle LETITIA Last STEWART			4. DATE OF DEATH Month Mar Day 25 Year 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 Mar 1870		9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Steffenville, Mo	
13a. FATHER'S NAME Dr. S. E. Haycraft		13b. MOTHER'S MAIDEN NAME Alice Brookover		14. NAME OF HUSBAND OR WIFE Charles D. 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 Judge Wm. E. Stewart		Address Edina, 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) Acute Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 7 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchopneumonia		
	DUE TO (c) Fractured neck of Femur		
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 checked="" 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) Fell, getting from chair to bed.	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. Aug 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Edina	
21. I attended the deceased from Feb. 1958 to March 25, 1959 and last saw her/him alive on March 25, 1959		21. I attended the deceased from Feb. 1958 to March 25, 1959 and last saw her/him alive on March 25, 1959		21. I attended the deceased from Feb. 1958 to March 25, 1959 and last saw her/him alive on March 25, 1959	
22a. SIGNATURE C. H. Gibson		22b. ADDRESS 2 Edina, Mo.		22c. DATE SIGNED 3-27-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 27 Mar '59		23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	
23d. LOCATION (City, town, or county) Edina, Missouri		23e. STATE Mo.			

24. FUNERAL DIRECTOR Edina, Mo.		25. DATE RECD. BY LOCAL REG. Mar-28-59		26. REGISTRAR'S SIGNATURE Wm. S. Stewart	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *A. G. Rinu*

Licensed Embalmer No. 5041
P. O. Address Elena, Md.

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.