

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012847

STATE FILE NUMBER

6

FILED APR 21 1959

Registration District No. 105

Primary Registration District No. 5419

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Campbell</i>		c. CITY OR TOWN <i>Campbell</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>none</i>		d. STREET ADDRESS (If outside, give location) <i>0350</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Marion</i> Middle <i>Francis</i> Last <i>Stewart</i>		4. DATE OF DEATH Month <i>3</i> Day <i>31</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-4-1868</i>
9. AGE (In years last birthday) <i>90</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>3</i>	IF UNDER 24 HRS. Hours <i>50</i> Min.
10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTH PLACE (City, state, or country) <i>Campbell Mo.</i>
13a. FATHER'S NAME <i>M.M. Ford</i>		13b. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>W.H. Stewart</i> Address <i>Campbell Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal Hypostatic pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Septicemia from infected Decubital ulcer</i> DUE TO (c) <i>Type unknown</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Cardio-Vascular disease 4221</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>10 days</i> 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>2/23/59</i> to <i>3/31/59</i> and last saw her alive on <i>3/31/59</i> Death occurred at <i>12/P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wallace A. Belsey MD</i>		22b. ADDRESS <i>Campbell Mo.</i>	
22c. DATE SIGNED <i>4/3/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-2-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Malden, Penn.</i>		23d. LOCATION (City, town, or county) (State) <i>Malden, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Lloyd Russell Figgott MD</i>		25. DATE RECD. BY LOCAL REG. <i>4-14-59</i>	
		26. REGISTRAR'S SIGNATURE <i>J. Dr. Schuman</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION IN PART I MUST BE CAUSALLY RELATED

(Licensed Embalmer - Statement on Reverse Side)

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 *Lloyd Russell*

Licensed Embalmer No. 509-6
P. O. Address *2990th, Al*

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.