

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041127

FILED VS DEC 7 1959

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 273

ENDED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 5 weeks		c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7 miles southeast		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last CLAIRE ELIZA STEWART				4. DATE OF DEATH Month Day Year 12 1 59									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/18/94		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
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) Oxford, Nebr.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME A. P. Kidder				13b. MOTHER'S MAIDEN NAME Ida Beedle				14. NAME OF HUSBAND OR WIFE Dale 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. Virginia Diggs, Columbia, 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) Carbon Monoxide Poisoning										INTERVAL BETWEEN ONSET AND DEATH 5 weeks.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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.) Improper Use of gas heating stove.									
20c. TIME OF INJURY - Hour a.m. p.m. 10 24 59		Month, Day, Year 10 24 59		Found about 8 A.M. 10-24-59									
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 Maryville (R.F.D.)		COUNTY Nodaway		STATE Mo.					
21. I attended the deceased from Oct. 24, 1959 to 12/1/59 and last saw her alive on Nov 30, 1959 Death occurred at 12:04 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE W.R. Jackson				(Degree or title) M. D.		22b. ADDRESS Maryville, Missouri				22c. DATE SIGNED 12-3-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/3/59		23c. NAME OF CEMETERY OR CREMATORY Miriam		23d. LOCATION (City, town, or country) Maryville, Missouri				(State)			
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 12-3-59		26. REGISTRAR'S SIGNATURE Beas Holt					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 4 1963

SEP 12 1962

STATEMENT BY LICENSED EMBALMER

JAN 19 1960

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, Tenn.

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.