

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020495

FILED VS JUN 8 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 73

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 6 months		c. CITY OR TOWN Rayville Richmond Twsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rayville - R.F.D. #3 3 miles NW Richmond				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. # 3	
3. NAME OF DECEASED (Type or print) First Middle Last Claude E. Stewart				4. DATE OF DEATH Month Day Year 5-31-1960			
5. SEX Male	6. COLOR OR RACE White	7. Married Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> XXX		8. DATE OF BIRTH 5-27-1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Stevenson County Ill.		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Charles W. Stewart			13b. MOTHER'S MAIDEN NAME Mary Marble		14. NAME OF HUSBAND OR WIFE Oliver MARY 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 Marion Stewart Richmond, 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) CONGESTIVE HEART DISEASE						INTERVAL BETWEEN ONSET AND DEATH 1	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS						3	
DUE TO (c) CHV. PROSTATITIS						3	
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 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 s.m. p.m.							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 3:45 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. E. Gray (Degree or title)				22b. ADDRESS Richmond, Mo.		22c. DATE SIGNED 6-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-2-1960		23c. NAME OF CEMETERY OR CREMATORY Hickory Grove		23d. LOCATION (City, town, or county) Ray County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Quest Life Funeral Home Richmond, Missouri				25. DATE RECD. BY LOCAL REG. 6-4-1960		26. REGISTRAR'S SIGNATURE Malcol Jackson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *George White*

Licensed Embalmer No. 4066

P. O. Address *Richmond*

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