

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1961 10

-61-007484

AMENDED

Registration District No. _____ Primary Registration District No. 4021 Registrar's No. 51

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | |
|---|--|---|--|---|---|--|-------|
| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>AUDRAIN</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ladonia</u> | | | Length of stay in 1b | c. CITY OR TOWN <u>Ladonia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In Resident Ladonia, Mo.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Roberta</u> Middle <u>Hale</u> Last <u>Stewart</u> | | | | 4. DATE OF DEATH Month <u>3</u> Day <u>18</u> Year <u>1961</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-28-1872</u> | 9. AGE (last birthday) <u>88</u> | 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) <u>House Wife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Calloway County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Wm E Hale</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Collins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles I STEWART</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Mrs Bulah Christian Ladonia Mo</u> Address _____ | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia</u> DUE TO (b) <u>Bowel Obstruction</u> DUE TO (c) <u>Primary Carcinoma of Bowel</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>7 days</u> <u>2 years</u> | |
| 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 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | | |
| 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 |
| 21. I attended the deceased from <u>Oct. 1954</u> to <u>March 15, 1961</u> and last saw her <u>alive</u> on <u>March 17, 1961</u> Death occurred at <u>5:15</u> <u>A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>E. W. Lindsey D.O.</u> | | | | 22b. ADDRESS <u>Ladonia, Missouri</u> | | 22c. DATE SIGNED <u>3-20-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-20-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Elm Wood Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Mexico, Mo.</u> | | 23e. STATE <u>(State)</u> | |
| 24. FUNERAL DIRECTOR <u>Wilkey & Bienhoff Ladonia, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>March 20-1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | | |

MAR 28 1967

OCT 11 1967

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 Alyda Wilkey

Licensed Embalmer No. 3820

P. O. Address Peru, Ind

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.