

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014797

STATE FILE NUMBER

AMENDED

Registration District No. 2987 Primary Registration District No. 4022 Registrar's No. 55

FILED APR 18 1961

| | | | | | |
|--|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> <u>Jurisp</u> | | Length of stay in 1b <u>2 1/2</u> hours | c. CITY OR TOWN <u>Richmond</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Route # 2</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>James Raymond Stewart</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-30-1958</u> | 9. AGE (last birthday) <u>3</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | 11. BIRTHPLACE (City and state or country) <u>Jackson County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>United States</u> |
| 13a. FATHER'S NAME <u>Ralph Raymond Stewart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Virgie Marie Lohr</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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>Ralph Raymond Stewart, Richmond, Mo.</u> | | |
| 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>Intra-cranial pressure</u> DUE TO (b) <u>Fractured Skull</u> DUE TO (c) <u>Auto-train accident</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 | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> |
| 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.) <u>auto-train accident</u> | | | |
| 20c. TIME OF INJURY <u>9:30 a.m.</u> | Month, Day, Year <u>4-6-61</u> | 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.) <u>Road</u> | 20f. CITY, TOWN, OR LOCATION <u>Henrietta, Ray, Mo</u> | COUNTY <u>Ray</u> |
| 21. I attended the deceased from <u>4-6-61</u> to <u>4-6-61</u> and last saw her/him alive on <u>4-6-61</u> Death occurred at <u>12:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | 22a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 22b. ADDRESS <u>[Signature]</u> | | 22c. DATE SIGNED <u>4-6-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-8-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Dover, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Quest Life Funeral Home</u> | | ADDRESS <u>Richmond, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>4-13-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> | |

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

APR 19 1961

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

George H. Cole

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.