

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

731

61-024197

STATE FILE NUMBER

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

FILED JUL 31 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE W. Virginia COUNTY Unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Length of stay in lb 63 years	c. CITY OR TOWN Unknown Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph State Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle H. Last STEWART			4. DATE OF DEATH Month July Day 7 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1877	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. employee		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) England	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT Records, State Hospital, St. Joseph, Mo. Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Chronic myocarditis, General debility		10 years
DUE TO (b) General arteriosclerosis		20 years
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 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 St. Joseph, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from 6-25-61 to 7-7-61 and last saw her/him alive on 7-7-61 Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>William H. Stewart M.D.</i>	(Degree or title)	22b. ADDRESS State Hospital, St. Joseph, Mo.	22c. DATE SIGNED 7-7-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-12-61	23c. NAME OF CEMETERY OR CREMATORY College of Osteopathy	23d. LOCATION (City, town, or county) (State) Kirkville, Missouri
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24. FUNERAL DIRECTOR <i>Charles Woodell</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 24, 1961	26. REGISTRAR'S SIGNATURE <i>Mrs. Charles Woodell</i>
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(Licensed Embalmers' Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

M. Tahir, M.D. Medical Certification

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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,

~~_____~~, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph's

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.