

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030311
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 176

AMENDED

FILED AUG 23 1961

1. PLACE OF DEATH
a. COUNTY **Phelps**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Rolla** Length of stay in 1b **4 days**
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) **Phelps County Memorial Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Phelps**
c. CITY OR TOWN **Rolla** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **303 Pine Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
DORA ELLEN STEWART **August 15, 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10/17/73** 9. AGE (last birthday) **87** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Vienna, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Warren Bartle** 13b. MOTHER'S MAIDEN NAME **Louisa Bell** 14. NAME OF HUSBAND OR WIFE **Benjamin**

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. Maude Tyson Rolla, 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) **Cerebral vascular accident** INTERVAL BETWEEN ONSET AND DEATH **3 day**
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Congestive heart failure**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **1959** to **Aug 15, 1961** and last saw her alive on **Aug 15, 1961**
Death occurred at **8:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **SF Anderson Dns** 22b. ADDRESS **Rolla Mo** 22c. DATE SIGNED **8/21/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Aug. 17, 1961** 23c. NAME OF CEMETERY OR CREMATOR **Rolla Cemetery** 23d. LOCATION (City, town, or county) (State) **Rolla, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Null & Son Funeral Home** 25. DATE RECD. BY LOCAL REG. **Aug 17, 1961** 26. REGISTRAR'S SIGNATURE **Nadene L Stoll**
By **Paul E. Null** **Rolla**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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.