Dept. Health, Educ., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1961

-61-036170
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes X No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis — Length of stay in 1b 16 hours	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander c. CITY OR TOWN Olive Branche 8120-2 — Inside Limits Yes ☐ No X d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Rebecca Middle Dawn Last Stewart

4. DATE OF DEATH: Month Oct. Day 17 Year 1961

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐ 0

8. DATE OF BIRTH: Oct. 7, 1961

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 10; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Cape Giraradeau, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Don Stewart

13b. MOTHER'S MAIDEN NAME: Flora Rose

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: X Don Stewart Address: Olive Branch, Ill.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cellulitis — Exterior abdominal wall — Probable site gangrene at Umbilicus 767.0 — 2 days?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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 10-16-61 to 10-17-61 and last saw her alive on 10-17-61

Death occurred at 3:19 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. L. Herbert MD (Degree or title) — 0

22b. ADDRESS Cape Girardeau, Mo.

22c. DATE SIGNED 3-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Oct. 18, 1961

23c. NAME OF CEMETERY OR CREMATORY Green Lawn

23d. LOCATION (City, town, or county) (State) Villa Ridge, Ill.

24. FUNERAL DIRECTOR Jas. T. Ryan ADDRESS Mounds, Ill.

25. DATE RECD. BY LOCAL REG. 10-19-61

26. REGISTRAR'S SIGNATURE Irma Kasten

(Licensed Embalmer's Statement on Reverse Side)

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 James D. Ryan

Licensed Embalmer No. 5931-Illin

P. O. Address Mounds, Ill

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.