

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003106

STATE FILE NUMBER

AMENDED

Registration District No. 276 Primary Registration District No. 2945 Registrar's No. 13
FILED FEB 13 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Dillon Twp.			Length of stay in 1b 9 Months		c. CITY OR TOWN Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ferndale Nursing Home				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 4	
3. NAME OF DECEASED (Type or print) First ALBERT Middle B. Last STEWARD						4. DATE OF DEATH Month Feb. Day 5 Year 1962	
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-2-1868	
				9. AGE (last birthday) 93		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer			10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (City and state or country) Vienna, Maries Co Mo., USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Steward			13b. MOTHER'S MAIDEN NAME Cynthia Ann Short			14. NAME OF HUSBAND OR WIFE Georgia Ann Steward.	
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 Nursing Home Records.		
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 Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pneumonia about 8 year							
DUE TO (c) Hypertension about 10 years							
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 May 3, 1961 to February 5, '62 and last saw him alive on January 31, 1962 Death occurred at 2:15AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. V. Hammler, M.D. (Degree or title)				22b. ADDRESS St. James, Mo.		22c. DATE SIGNED 2-7-'62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-7-62		23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) (State) Rolla, Missouri	
24. FUNERAL DIRECTOR By Paul E. Full Son, Funeral Home, Rolla			25. DATE RECD. BY LOCAL REG. Feb. 7 1962		26. REGISTRAR'S SIGNATURE Ruth B. Powell		

(Licensed Embalmer's Statement on Reverse Side)

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.