

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012144

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 197

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 11 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jasper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		a. STATE Missouri b. COUNTY Jasper	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Length of stay in 1b 45 yrs		c. CITY OR TOWN Joplin Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1610 Byers Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First BERT Middle BENTON Last STEWART			Month April Day 5 Year 1963		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1883	9. AGE (last birthday) 79	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-conductor		10b. KIND OF BUSINESS OR INDUSTRY Missouri-Pacific R.R.		11. BIRTHPLACE (City and state or country) Marionville, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joshua Stewart		13b. MOTHER'S MAIDEN NAME Nancy Ann Carr		14. NAME OF HUSBAND OR WIFE Harriet Morris Stewart	
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. XXXXXXXXXX		17. INFORMANT Address Mrs. Harriet Stewart, 1610 Byers, Joplin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) Pulmonary edema				1 day	
DUE TO (b) Myocardial Infarction				1 day	
DUE TO (c) Arteriosclerotic Heart Disease				4 plus 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 4-6-59 to 4-5-63 and last saw him alive on 4-5-63		Death occurred at 8:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. K. Wieman M.D. (Degree or title)		22b. ADDRESS Joplin, Mo. 301 Medical Arts Bldg.		22c. DATE SIGNED 4-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-7-1963	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery,		23d. LOCATION (City, town, or county) Aurora, Missouri (State)	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 4-8-1963	26. REGISTRAR'S SIGNATURE Dove Merriam		

VS 300 Rev. 4/59

0499

8499

3

4 **0**

5 **1**

6

7 **0**

8 **0**

94200

10

11

124-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 1963

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.