

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048846

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156246 Primary Registration District No. 2001 Registrar's No. 552

STATE FILE NUMBER

FILED NOV 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Jasper NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Length of stay in 1b 1 Year		c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Hill Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1912 Moffet Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) William HOWARD Howard Stewart			4. DATE OF DEATH Month November Day 15 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 Oct. 19/1880	9. AGE (last birthday) 83	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Carlton Co. Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME UNK			13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE Gertrude Stewart (deceased)		
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. [REDACTED]		17. INFORMANT Ralph M Stewart L.A./ CALIF. Address		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) burn 2nd degree 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.) got in tub and turned hot water on			
20c. TIME OF INJURY Hour _____ s.m. _____ 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.) burning Gluteal Area and thighs	
20f. CITY, TOWN, OR LOCATION [REDACTED]		20g. COUNTY [REDACTED]		20h. STATE [REDACTED]		20i. ADDRESS [REDACTED]	
21. I attended the deceased from Nov. 2 to Nov. 15th and last saw ^{her} him alive on Nov. 15th Death occurred at 6:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) [Signature]			22b. ADDRESS [REDACTED]		22c. DATE SIGNED 11/18/63 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/17/63	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Mt. Vernon, Missouri		
24. FUNERAL DIRECTOR Smith Funeral Home, Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 11-18-1963		26. REGISTRAR'S SIGNATURE [Signature]			

VS 300
Rev. 4/59

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5 2
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7 1
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11 122
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 25 1964

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 George R. Mum

Licensed Embalmer No. 5175

P. O. Address Joplin, 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.