

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046279

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED JAN 2 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Polk</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> Length of stay in lb <u>Life</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>604 N. Grover</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u></p> <p>c. CITY OR TOWN <u>Liberty</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>604 N. Grover</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>MOZEE</u> Middle <u>T</u> Last <u>STEWART</u></p>	
<p>4. DATE OF DEATH Month <u>Dec.</u> Day <u>27</u> Year <u>1962</u></p>	
<p>5. SEX <u>M</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1-13-1900</u></p>
<p>9. AGE (last birthday) <u>62</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Liberty Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Francis Stewart</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Maggie Wilson</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Christine Stewart</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>
<p>16. SOCIAL SECURITY NO. <u>496-10-9455</u></p>	<p>17. INFORMANT <u>Christine Stewart</u> Address <u>Liberty Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carcinoma Esophagus - Metastasis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from <u>1940</u> to <u>12/27/62</u> and last saw him alive on <u>12/23/62</u></p> <p>Death occurred at <u>6 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Clarence W. Handrew MD</u></p>	<p>22b. ADDRESS <u>Liberty, Mo</u></p>
<p>22c. DATE SIGNED <u>12/28/62</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>
<p>23b. DATE <u>12-29-62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u></p>
<p>23d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u></p>	<p>24. FUNERAL DIRECTOR <u>Phelan-Creen Co.</u> Address <u>Liberty, Mo.</u></p>
<p>25. DATE RECD. BY LOCAL REG. <u>12-29-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u></p>

VS 300 Rev. 4/59

16003

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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

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty 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.