

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 9 1944

Primary Registration District No. 3006

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether years, months or days)

In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 211 Westmount Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OSCAR MILTON STEWART

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1944 hour 4 minute A.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Stella Williams Stewart

6. (c) Age of husband or wife if alive 11 - 3 - 1869 years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30, 1944, to May 17, 1944; that I last saw him alive on May 16, 1944; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>14</u>	hr. min.

Immediate cause of death Coronary myocarditis

Due to arteriosclerosis

Duration 1 yr 3 mo

9. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Professor of Physics

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Oliver M. Stewart

13. Birthplace Huntington County Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Bell

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E.L. Morgan

(b) Address Chesterton, Indiana

17. (a) Burial (b) Date thereof 5-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-20-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. J. Schuchert (M. D. or other) _____
Address Columbia, Mo. Date signed 5-19-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
DISTRICT HEALTH OFFICER NO. 9

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed _____

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed M. S. M. Petrosides
Licensed Embalmer No. 3893
P. O. Address Palumbia 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 this body is not embalmed, fact should be so stated above.