

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **44820**

FILED JUN 8 1948

Registration District No. **21**

Primary Registration District No. **4364**

Registrar's No. **155**

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Stella
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cardwell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Pamela DiAnn Stewart

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color, or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 25 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ray Stewart

13. Birthplace Washburn Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Audry Watson

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

16. (a) Informant Ray Stewart

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof 11-27-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie Cemetery

18. (a) Signature of funeral director Culver's Funeral Home

(b) Address Cassville, Mo

19. (a) 6-1-1948 (b) Alpha Byer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Stella
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26
 year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 11-25, 1947, to 11-26, 1947
 that I last saw her alive on 11-26, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature C. Cardwell (M. Doctor)
 Address Stella, Mo Date signed 5/22/48

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

RECEIVED

District Health Officer No. Newton
District File Number 648-314
Date Filed 6-7-48

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.....

Paul D. Henbest....., Registered Apprentice No. 54
working under my personal supervision.

Signed Margaret Culver.....

Licensed Embalmer No. 4389

P. O. Address Cassville

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.