

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41747

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>446</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILL</u> b. COUNTY <u>PIKE 99.1</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinderhook ILL 11</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0 2</u>					
3. NAME OF DECEASED (Type or Print) <u>CALIS</u>		a. (First) <u>R</u>		c. (Last) <u>STEWART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 19 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>11</u>		8. DATE OF BIRTH <u>May 14 1906</u>			
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARTENDER</u>		11. BIRTHPLACE (State or foreign country) <u>Augusta ILL</u>		12. CITIZEN OF WHAT COUNTRY?			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Joseph Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs L Blankenship</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eliza Mae Stewart</u> ADDRESS <u>Kinderhook</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculating infection</u> DUE TO (c) <u>Chronic ulcerations of leg</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>?</u> <u>n15X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-17</u> , 19 <u>49</u> , to <u>12-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>49</u> , and that death occurred at <u>6:20 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ed Murphy</u> (Degree or title)		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>12-20-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barry</u>		24d. LOCATION (City, town, or county) (State) <u>ILL</u>			
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>W.C. Fisher</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James Darnell</u>		ADDRESS <u>Hannibal</u>			

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

RECEIVED DEC 29 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 31 1949

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
Student Embalmer

Signed _____

M. J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.