

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7365  
Registrar's No. 2

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution): a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Sherrell</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Sherrell</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>5 NW of Licking Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <u>EWAN CAMERON Stewart</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-1950</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 13, 1868</u>	9. AGE (In years) (Months) (Days) <u>81</u>	10. IF UNDER 1 YEAR (Hours) (Min.) _____	11. IF UNDER 2 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Malcolm Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Ann Cameron</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Stewart</u>	ADDRESS <u>Licking Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>592X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 1, 1949, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 2:04 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lusket Randall M.D.</u>	(Degree or title)	23b. ADDRESS <u>Licking Mo</u>	23c. DATE SIGNED <u>2/14/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 15, 1950</u>	REGISTRAR'S SIGNATURE <u>Elmora Hesse</u>	324	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	ADDRESS <u>Licking Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received  
J. J. ...  
2-2  
F. 30

**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.

Signed Hubert E. Ferguson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Lecture 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.