

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 11864

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 31

0061
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u> 1080	
c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSP.</u>			

3. NAME OF DECEASED a. (First) <u>CARRIE</u> b. (Middle) _____ c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 26-1886</u>		9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Paris, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John B. Leneveaux</u>	
13b. MOTHER'S MAIDEN NAME <u>Rebecca Allen</u>		14. NAME OF HUSBAND OR WIFE <u>J. W. Stewart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerry Leneveaux</u>		ADDRESS <u>Sheldon Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 wks</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		_____		331X	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 3/26/50 to 4/8/50, that I last saw the deceased alive on 4/8/50, 1950, and that death occurred at 12:27 m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <u>A. R. Cain O.P.B.</u>		23b. ADDRESS <u>Home, P.O.</u>		23c. DATE SIGNED <u>4/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hartford</u>	
24d. LOCATION (City, town, or county) (State) <u>Hartford Kansas</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald (Gerry) Sheldon</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>APR 12 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		14	

MAY 25 1950

RECEIVED APR 17 1950
District Health Office No. 6,
District File Number 450-466
Date Filed 4-19-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed L. Gerald Beatty

Signed.....
Student Embalmer

Licensed Embalmer No. 4208

P. O. Address Shelton 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.