

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13424

State File No. _____

0480

146

5568

147

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN near Atherton, Blue			c. LENGTH OF STAY (in this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atherton in Blue Township			0480
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXX				d. STREET ADDRESS (If rural, give location) 1 mile east of Atherton			
3. NAME OF DECEASED (Type or Print) a. (First) Isaac		b. (Middle) Edward		c. (Last) Stewart		4. DATE OF DEATH (Month) (Day) (Year) April 10 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug. 18, 1872		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) near Blue Mills, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Stewart		13b. MOTHER'S MAIDEN NAME Evelyn Hendrix		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. L. Stewart Atherton, Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 12 hrs
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 Apr 6, 1950, to Apr 10, 1950, that I last saw the deceased alive on Apr 10, 1950, and that death occurred at 9:58 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John L. Hessler M.D.				23b. ADDRESS Buckner, Mo		23c. DATE SIGNED 4/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Six Mile		24d. LOCATION (City, town, or county) near Atherton, Missouri		(State)
DATE REC'D BY LOCAL REG. Apr 11-1950		REGISTRAR'S SIGNATURE [Signature]		354 FUNERAL DIRECTOR'S SIGNATURE V. M. Ruppert		ADDRESS Buckner, Mo	

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

APR 19 1950

EMAY

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 Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, 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.