

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21288

State File No.

FILED JUL 12 1950

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6064</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Clair</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Osceola (Rural)</u>)		a. STATE <u>Nebraska</u>		b. COUNTY <u>Holt</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>O'Neil</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osceola Twp;</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>George</u>		b. (Middle) <u>-</u>		c. (Last) <u>Stewart</u>		d. DATE OF DEATH (Month) (Day) (Year) <u>6/13/1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/14/1864</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>8</u>		11. DAYS <u>29</u>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm operator</u>		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chauncey Stewart</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Southland</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alvin Dyer Osceola 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					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis - cerebral</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>391X</u>
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) (Min)		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 <u>6-12, 1950</u> , to <u>6-13, 1950</u> , that I last saw the deceased alive on <u>6-12, 1950</u> , and that death occurred at <u>4:50 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. H. J. Angler, Jr., M.D.</u>				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>6-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/16/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Craig Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Craig Nebraska</u>	
DATE REC'D BY LOCAL REG. <u>June 14-1950</u>		REGISTRAR'S SIGNATURE <u>Paul H. Beecher 288</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Beecher</u>		ADDRESS <u>Osceola Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

093

RECEIVED
DISTRICT HEALTH OFFICE No.
District File Number
Date Filed 7-11-57

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 *J.B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Assesta Md*

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.