No. 300
10.48

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23103

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1212 Center

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264
d. STREET ADDRESS (If rural, give location): 1212 Center

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle): Stewart
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Aug 3, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1898
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 1 DAY: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Drug store
10b. KIND OF BUSINESS OR INDUSTRY: Drug Business
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Stewart
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Fern Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Fern Stewart — ADDRESS: 1212 Center

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage & Shock — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gun shot wound in Mouth
DUE TO (c) Ill health & worry — E976X

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 ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): His home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson City Mo. Cole Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-3-50 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: .22 Caliber rifle, shot in mouth

22. *I hereby certify that I attended the deceased from* Dead when viewed *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* Noon *m., from the causes and at the date stated above.*

23a. SIGNATURE: J.T. Leslie M.D. Coroner (Degree or title)
23b. ADDRESS: Jefferson City Mo.
23c. DATE SIGNED: 8-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 5 1950
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): Jefferson City Mo.

DATE REC'D BY LOCAL REG.: August 4-1950
REGISTRAR'S SIGNATURE: R.P. Harris MD 68 NR.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Lenhart Funeral Home - 708 Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 [illegible]

RECEIVED 8-
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 8-7-57

AUG 27 1957

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 .....

Signed .....
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.