

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23855**

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 2244		Registrar's No. 102	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville		c. LENGTH OF STAY (in this place) 44yrs		a. STATE Missouri b. COUNTY Jasper	
d. FULL NAME OF HOSPITAL OR INSTITUTION 118 West Main St.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville			
d. STREET ADDRESS 118 West Main St.				d. STREET ADDRESS (If rural, give location) 118 West Main St.			
3. NAME OF DECEASED (Type or Print)		a. (First) JESS		b. (Middle) WINFRED		c. (Last) STEWART	
4. DATE OF DEATH		(Month) July		(Day) 24		(Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1873		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barbering		10b. KIND OF BUSINESS OR INDUSTRY Retired Barber		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Smiley Stewart		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE Kate Stewart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Kate Stewart ADDRESS Carterville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				151x	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach with metastasis to liver. DUE TO (c) _____					
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 5/13 , 19 50 , to 7/24 , 19 50 , that I last saw the deceased alive on 7/22 , 19 50 , and that death occurred at 5:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J.P. Morgan (Degree or title) _____				23b. ADDRESS 521 N. 4th Joplin Mo		23c. DATE SIGNED 7/26/50	
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		23e. DATE 7-27-50		23f. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		23g. LOCATION (City, town, or county) (State) Carterville, Missouri	
DATE REC'D BY LOCAL REG. July 26 1950		REGISTRAR'S SIGNATURE J. L. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri	

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

RECEIVED 8-2-50
Jasper County Health Office

County File Number 50-72569
Date Filed 8-2-50

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 _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Lawrence J. Lewis, Jr.

Licensed Embalmer No. 4561

P. O. Address Wells City, 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.