

STANDARD CERTIFICATE OF DEATH

0587

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 30-38 Registrar's No. 316

1. PLACE OF DEATH  
 a. COUNTY Linn  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McLarney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Chariton  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sumner  
 d. STREET ADDRESS (If rural, give location) 210  
1

3. NAME OF DECEASED  
 a. (First) Ulysses Grant b. (Middle) Stewart c. (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year)  
July 8/50

5. SEX M COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
April 14/1870

9. AGE (In years last birthday) 80 MONTHS 2 DAYS 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farming

11. BIRTHPLACE (State or foreign country)  
Near Sumner Mo

12. CITIZEN OF WHAT COUNTRY?  
U SA

13a. FATHER'S NAME  
Chas. Stewart

13b. MOTHER'S MAIDEN NAME  
Ellen Toppas

14. NAME OF HUSBAND OR WIFE  
Maude Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs Maude Stewart Sumner 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) Senility - Cachexia  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Pneumonia  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 hrs.  
H93X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1947, to July 8, 1950; that I last saw the deceased alive on July 8, 1950, and that death occurred at 3:12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Dr. W. L. Stewart M.D.

23b. ADDRESS  
211 Linn Brookfield, Mo.

23c. DATE SIGNED  
7/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
7/10/50

24c. NAME OF CEMETERY OR CREMATORY  
Lakeside

24d. LOCATION (City, town, or county) (State)  
Sumner Mo

DATE REC'D BY LOCAL REG.  
7-11-50

REGISTRAR'S SIGNATURE  
H. B. Erwin

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
L. L. Leisner Mendon Mo

RECEIVED JUL 17 1950  
District Health Officer No. 10  
District File Number 7-50-1163  
JUL 27 1950  
Date Filed RECORDED & INDEXED

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 L. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.