

No. 300  
10. 48

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40061**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 301 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CARROLLTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>	
c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>314 EAST WASHINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>STATON CLINIC</u>			

3. NAME OF DECEASED a. (First) <u>THOMAS</u> b. (Middle) <u>GORDAN</u> c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 1, 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIROPRACTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MORGAN COUNTY, INDIANA</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>WILLIAM W. STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>MALINDA HUBBARD</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA ENGLAND STEWART</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Stewart, Carrollton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Snuffing</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs?</u>	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			
<u>410X</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)		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 Jan. 1, 1948 to Dec. 1, 1950 that I last saw the deceased alive on Dec. 1, 1950 and that death occurred at 10:20 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Carrollton, Mo.</u>		23b. ADDRESS <u>1000 Hamilton Station, Mo.</u>		23c. DATE SIGNED <u>Dec. 3, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12/3/50</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley &amp; Gibson, Carrollton, Mo.</u>	
				ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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



DEC 29 1954

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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.....  
Student Embalmer

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va

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.