

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12364

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>137</u>  |  | PRIMARY REG. DIST. NO. <u>4214</u>  |  | Registrar's No. <u>43</u>  |  |
| 1. PLACE OF DEATH <u>Deepwater.</u><br>a. COUNTY <u>Henry.</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri.</u> b. COUNTY <u>Henry.</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Deepwater.</u>  |  | c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Deepwater.</u>  |  | 04221  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>At Home</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>8</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)<br><u>William.</u>  |  | b. (Middle)<br><u>Washington.</u>   |  | c. (Last)<br><u>Stewart.</u>   |  |
| 4. DATE OF DEATH  |  | Month  |  | Day   |  | Year   |  |
|   |  | <u>April.</u>  |  | <u>21</u>   |  | <u>1951</u>  |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White.</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married.</u>   |  | 8. DATE OF BIRTH<br><u>August. 1. 1870</u>                               |  |
| 9. AGE (In years last birthday)   |  | IF UNDER 1 YEAR  |  | IF UNDER 24 HRS.  |  | Hours   Min.   |  |
| <u>80</u>   |  | <u>8</u> Months <u>20</u> Days   |  | <u>8</u> Hours <u>20</u> Min.   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Farm.</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                            |  |
| 13a. FATHER'S NAME<br><u>Henry Stewart.</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Buele Curd</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Stewart.</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Lottie Simmons, Deepwater, Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Leukemia, Pneumonia, Myocardial insufficiency.</u>   |  |   |  |  |  |
|   |  | ANTECEDENT CAUSES<br><u>Influenza.</u>   |  |   |  |  |  |
|   |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)   |  |   |  |  |  |
|   |  | DUE TO (c)   |  |   |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u> <u>480X</u> |  |   |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)   |  |  |  |
|   |  |  |  | <u>Deepwater, Henry Mo.</u>   |  |  |  |
| 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 <u>April, 24, 51</u> , to <u>April 21, 51</u> , that I last saw the deceased alive on <u>April 21, 1951</u> , and that death occurred at <u>10:30P</u> m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE<br><u>D. C. R. Townsend</u>  |  |  |  | 23b. ADDRESS<br><u>Deepwater, Missouri.</u>   |  | 23c. DATE SIGNED<br><u>4-22-51.</u>                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>April 23rd 1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Englewood Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Clinton Mo.</u>      |  |
| DATE REC'D BY LOCAL REG.<br><u>April 22-51</u>  |  | REGISTRAR'S SIGNATURE<br><u>Florence Adams</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Tom Hunt</u>   |  | ADDRESS<br><u>Deepwater Mo</u>   |  |

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

420  
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RECEIVED 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-30-51

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 Tom A. A. A.

Licensed Embalmer No. 2782

P. O. Address Desperado 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.