

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12397

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Newell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newell</u>					
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (If in this place) <u>18 mo</u>		c. CITY OR TOWN <u>704 Broadway</u>		d. STREET ADDRESS <u>West Plains 0461</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>704 Broadway</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>Mellie</u> (Type or Print)			b. (Middle) <u>C</u>		c. (Last) <u>Steward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>3-7-1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Newark, Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>W. Howard</u>			13b. MOTHER'S MAIDEN NAME <u>Hydia Kuntz</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>368-30-1224</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M.A. Howard, Tomona Mo</u>		ADDRESS _____			
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) <u>Cerebral Thrombosis less than 24 hrs</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>				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) (m.)		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>12:45</u> to <u>1:45</u> on <u>April 17</u> , 19 <u>51</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.									
23. SIGNATURE <u>Beatrice Cook</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>17-4-51</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify)		24b. DATE <u>4-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Olden, Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-4-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 7 1951

Dist. File 251-998

Date Filed 2-8-51

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 A. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Harris St

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.