

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22834

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0411</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital & Clinic</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)		b. (Middle) <u>H.</u>	
c. (Last) <u>STEWART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Unknown 1880</u>
9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newstand operator</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Smithville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>JAMES T. STEWART</u>	13b. MOTHER'S MAIDEN NAME <u>RACHEL DICK</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nova Stallard, Lawrence, Kansas</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Stroke</u> <small>(Stroke) does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis (stroke)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES Morbidity 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 <u>7/14</u>	19b. MAJOR FINDINGS OF OPERATION <u>332X</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)	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>July 14, 1951</u> , to <u>July 14, 1951</u> , that I last saw the deceased alive on <u>July 14, 1951</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Miriam Feaster MD</u>		23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>7/16/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 17-51</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	116	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark L. Foutch, Bethany, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD CORR. BY AFF.

0411
0



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

Clark L. Foutch

Signed.....
Student Embalmer

Licensed Embalmer No. *4831*

P. O. Address *Bethany, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO
County of Harrison SS.

State File No. 22834
Local Registrar's No. 59

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27 day of July, 1951, before me appears Clark Foutch
Funeral Director, who, upon his oath, states that the original record of birth
for John H. Stewart, died born July 14 -, 1951, in the State of
Missouri, and which was filed at Bethany - Mo on 7/17, 1951, should be corrected as follows:

Item No. 8 should read Born Oct. 24 - 1880

Instead of unknown

Item No. 11 should read at Smithville - Mo

Instead of unknown

Item No. 9 should read 70 yrs. 8 mo - 20 days

Instead of 75 years

Item No. 13a should read Father - James T. Stewart

Instead of unknown

Item No. 13 B should read Mother: Rachel Dick

Instead of unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

These records were found when selling his property.

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Clark L. Foutch
Funeral Director Relationship.

Bethany - Mo.
Present Address.

Subscribed and sworn to before me this 27 day of July, 1951

My Commission expires My commission expires May 13, 1953 Gola Burris Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and rewrite above it.