

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1951

BIRTH NO.		REG. DIST. NO. <b>370</b>	PRIMARY REG. DIST. NO. <b>6255</b>	Registrar's No. <b>27</b>
1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cowan T.S.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cowan T.S.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <b>Lucanda</b>		a. (First)	b. (Middle)	c. (Last) <b>Steward</b>
5. SEX <b>F</b>		6. COLOR, OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>
8. DATE OF BIRTH <b>November 22 1860</b>		9. AGE (In years last birthday) <b>90</b>		10. DATE OF DEATH (Month) (Day) (Year) <b>8 3 51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Jim Brewer</b>		
13b. MOTHER'S MAIDEN NAME <b>Matilda McDade</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Virgie M. Huebner Puxico Mo.</b>
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bright - Chronic</b>		DUE TO (b) <b>Age</b>		
ANTECEDENT CAUSES		DUE TO (c)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
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		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 <b>Jan</b> , 19 <b>49</b> , to <b>Aug</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Aug 1</b> , 19 <b>51</b> , and that death occurred at <b>3:15 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Adam T. Wayne, M.D.</b>		23b. ADDRESS <b>Greenville</b>		23c. DATE SIGNED <b>9-17-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8 5 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fronabarger</b>
24d. LOCATION (City, town, or county) (State) <b>Wayne Co Rural Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Service Puxico Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Sept 17 51</b>		REGISTRAR'S SIGNATURE <b>Mabel Beasley</b>		25. ADDRESS

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

RECEIVED

SEP 21 1951

WAYNE CO. HEALTH CENTER

FILE No. 951-60

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 Water / Mark Waterhouse

Licensed Embalmer No. 4217

P. O. Address Jeffers, 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.