

STANDARD CERTIFICATE OF DEATH

70812-57
FILED NOV 14 1951
BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **111**

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| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give township) Louisiana Mo | | c. CITY (If outside corporate limits, write RURAL and give township) Elsberry | |
| c. LENGTH OF STAY (in this place) 1 hr 18 min | | d. STREET ADDRESS (If rural, give location) Rural Route # 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Gregg b. (Middle) Harris c. (Last) Stewart | | | 4. DATE OF DEATH (Month) (Day) (Year) October 29, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn | 8. DATE OF BIRTH October 29, 1951 | 9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months 1 Days 18 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Richard Harvey Stewart | | 13b. MOTHER'S MAIDEN NAME Joyce Louise Graham | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1 (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Richard Harvey Stewart Elsberry Mo. 66-2 | |
| 17. ADDRESS _____ | | | | | |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (24 wks gestation) | | 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) Dystocia Placentae. | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 7615 | 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) |

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| 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? |
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22. I hereby certify that I attended the deceased from **Birth 3:52 AM, October 29, 1951**, to **October 29, 1951**, that I last saw the deceased alive on **10-29-1951**, and that death, occurred at **5:30 AM.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Robert L. Andrae M.D. (Degree or title) | 23b. ADDRESS 216 Georgia St Louisiana, Mo. | 23c. DATE SIGNED 10-29-51 |
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|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 10/29/51 | 24c. NAME OF CEMETERY OR CREMATORIUM STAR HOPE | 24d. LOCATION (City, town, or county) (State) Elsberry, Mo. |
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| DATE REC'D BY LOCAL REG. Oct 29, 1951 | REGISTRAR'S SIGNATURE Bernice Collier | 374 | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Elsberry, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

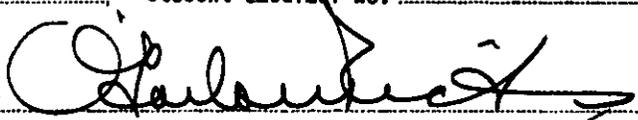
Date Received: NOV 8 1951
DISTRICT HEALTH OFFICE #2 1989
District File Number 11-51-1990
Date Filed: NOV 8 1951

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 

Licensed Embalmer No. 4016

P. O. Address Elkhart, 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.