

REC'D OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34766

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <b>ST FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>2001 Vernon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>JAMES</b> c. (Last) <b>STEWART</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 9 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 24 1873</b>	9. AGE (In years last birthday) <b>77</b>	10. IF UNDER 1 YEAR Days <b>11</b> IF UNDER 24 HRS. Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>school teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>LOBELVILLE, TENN.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>MONROE STEWART</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET MCCOLLUM</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET FRAIZER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W.O. STEWART DONIPHAN MO.</b>	

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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
		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 <b>4201</b>		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) (Min.)		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 Oct. 9, 1951, to Oct. 9, 1951, that I last saw the deceased alive on Oct. 9, 1951, and that death occurred at 9:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James L. Hester</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Farmington, Mo</b>		23c. DATE SIGNED <b>Oct 10 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT 12 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>TOWEL OF DONIPHAN MISSOURI</b>	
24d. LOCATION (City, town, or county) (State) <b>FARMINGTON MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. COZEAN</b>		ADDRESS <b>FARMINGTON MO</b>	

DATE REC'D BY LOCAL REG. **Oct. 11, 1951** REGISTRAR'S SIGNATURE **Evelyn Rudloff** 289  
 (Licensed Embalmer's Statement on Reverse Side)

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

941

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 14 1951

RECEIVED

OCT 24 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. 4084

Farmington, Mo

P. O. Address \_\_\_\_\_

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.