

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. PASTOR 42445
State File No.

FILED JAN 7 1952

BIRTH NO. _____ REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 3050 Registrar's No. 111

1782
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u> <u>0782</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>711 West 8th 0</u>	
3. NAME OF DECEASED a. (First) <u>RUBEN</u> b. (Middle) <u>SAMUEL</u> c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-18-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb-8-1873</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min) <u>15 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fleet Stewart</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNIE STEWART</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If receive war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Red Newson Medicinal 1/2</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency & Chronic myocarditis.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic degeneration -</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>109m⁹</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
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? <u>4-201</u>		22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 19 <u>46</u> , to <u>Dec 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>C. C. Carter, M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>	
23c. DATE SIGNED <u>12/24/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>12-19-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Price</u>	
24d. LOCATION (City, town, or building) (State) <u>Caruthersville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>La Forge and Co. Caruthersville</u>	
DATE REC'D BY LOCAL REG. <u>12-31-1951</u>		REGISTRAR'S SIGNATURE <u>Hessie B. Walker</u>	

1-52-2

Rec. JAN 5 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

CHARLES E. MUNGLE

Student Embalmer No. 433

working under my personal supervision.

Student Charles E. Mungle
Student Embalmer

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address. Caruthersville

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.