

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43933

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 560

1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0124</u>		2. USUAL RESIDENCE (Where deceased lived if institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0-01-2134</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>511 South "C" Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLIE</u> b. (Middle) <u>E.</u> c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1951</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 15, 1884</u>		9. AGE (In years last birthday) <u>67</u> If under 1 year: Months <u>7</u> If under 6 mos. Days <u>14</u> Hours _____ Min. _____	
-----------------------	--	----------------------------------	--	---	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laboring</u>		11. BIRTHPLACE (State or foreign country) <u>Benton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>John R. Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced.</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO Record</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Stewart, Cobden, Illinois</u>		ADDRESS <u>Illinois</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alcoholism, acute</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-22, 1951, to 12-29, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Harrison, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cobden Bluff, Mo.</u>		23c. DATE SIGNED <u>1/4/51</u>	
---	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 31, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cobden, Ill. cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cobden, Illinois.</u>	
---	--	---------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Jan. 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell Mortuary, Poplar B. Mo.</u>		ADDRESS	
---	--	--	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JAN 15 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 152-22

---

---

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, ~~and~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Howard A. Cooper*

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar

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.