

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5278

State File No. _____

741

FILED MAR 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CARROLL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORBORNE</u>		d. STREET ADDRESS (If rural, give location) <u>X 0190</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES</u>				d. STREET ADDRESS (If rural, give location) <u>X 0190</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANGER</u> b. (Middle) _____ c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 16, 1952</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb. 3, 1875</u>		9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Brockton, Ill.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Marion Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Rotsoff</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Moore</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Spanish-American War</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Stewart Norborne Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart block</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease with aortic stenosis and mitral stenosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>41 yr</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>10+ yrs</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		
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 <u>Feb 4, 1952</u> to <u>Feb 16, 1952</u> , that I last saw the deceased alive on <u>Feb 16, 1952</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>M. G. Berry MD</u> (Degree or title)				23b. ADDRESS <u>315 Nichols Road Kansas City</u>		23c. DATE SIGNED <u>Feb 16, 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Norborne Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>12 miles E. of Hardin, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-16-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tripschick & Co. Hardin, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____		

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

7507 C7. 11/10

8 11/12

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

August Beckwith

Licensed Embalmer No. *4878*

P. O. Address: *Hardin, 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.