

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16214

State File No. _____

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 27

472

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

| | | | | | |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> | | c. LENGTH OF STAY (In this place) <u>28 DAYS</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> <u>042-1</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u> | | | d. STREET ADDRESS <u>7th & R. #4</u> | | |

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|--|-------------|-----------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>BESSIE CATHERINE STEWART</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9, 1952</u> | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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|-------------------------|----------------------------------|--|--|---|---|--|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>DEC. 26, 1883</u> | 9. AGE (In years last birthday) <u>68</u> | 10. IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u> | 11. IF UNDER 4 HRS. Hour <u></u> Min. <u></u> |
|-------------------------|----------------------------------|--|--|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (State or foreign country) <u>HENRY COUNTY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>JOHN H. MILLER</u> | 13b. MOTHER'S MAIDEN NAME <u>SARAH BOUMAN</u> | 14. NAME OF HUSBAND OR WIFE <u>W.M. STEWART</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>W.M. Stewart, Clinton, Mo. #4</u> | | ADDRESS <u></u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means: the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (m.) | 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 4-11, 1952, to 5-9, 1952, that I last saw the deceased alive on 5-9, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

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|--|---------------------|------------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Robert H. Haskell, M.D.</u> | (District or title) | 23b. ADDRESS <u>Clinton, Mo</u> | 23c. DATE SIGNED <u>5-9-52</u> |
|--|---------------------|------------------------------------|-----------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAY 12, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-9-52</u> | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Vassant</u> | ADDRESS <u>Clinton, Mo</u> |
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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 H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.