

FILED JUL 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25131

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Mississippi 0672		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. LENGTH OF STAY (In this place) 58 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston 0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 206 W. Cypress			d. STREET ADDRESS (If rural, give location) 206 West Cypress		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charles	b. (Middle) Alphonse	c. (Last) Stewart	(Month) July	(Day) 2	(Year) 1952

5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic (Blacksmith)	10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (State or foreign country) Union County, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Stewart	13b. MOTHER'S MAIDEN NAME Laura Elder	14. NAME OF HUSBAND OR WIFE Ada Francis Stewart
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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) no	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs C. A. Stewart, Charleston, Mo.	ADDRESS Charleston, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Coronary Occlusion</u>		
	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	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) _____
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? 4201

22. I hereby certify that I attended the deceased from 7/2, 1952, to _____, 19____, that I last saw the deceased alive on 7/2, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. Olin Kelling</i>	(Degree or title) M. D.	23b. ADDRESS Charleston, Mo.	23c. DATE SIGNED 7/3/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/8/1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 7/24/52	REGISTRAR'S SIGNATURE <i>Mrs Ann Litch</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John J. ...</i>	ADDRESS Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS MAY 20 1960

JUL 24 RECD

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed JUL 25 1952

MAY 4 1952

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 *John F. Murrell Jr*
Licensed Embalmer No. 3851

P. O. Address Charleston, W

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.