

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. R. STEWART
State File No. 34677
923

FILED OCT 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>923</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>14 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		<u>1396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>619 N. BROWN</u>				d. STREET ADDRESS (If rural, give location) <u>619 N. BROWN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>K.</u> c. (Last) <u>FISHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 12, 1952</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 17, 1873</u>		9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months	# UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MEDICINE LODGE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MATTHEW BUCKLE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES FISHER SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm dissecting abdominal aorta. & rupture.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</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. <u>Arteriosclerotic heart disease</u> <u>5 yrs.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>451X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb 7, 1949</u> to <u>Oct 12, 1952</u> , that I last saw the deceased alive on <u>Oct 11, 1952</u> , and that death occurred at <u>6:50 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Wendell Stewart</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>303 Professional Bldg. Springfield Mo.</u>		23c. DATE SIGNED <u>13 Oct. 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1952 October 15,</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRIGHTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRIGHTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-13-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Levent L. Levedley

Licensed Embalmer No. 4875

P. O. Address Langhills

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.