

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39594

State File No. ....

07320

NOV 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 115

|                                                                                                                                                                                                                                                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>                                                                                                                                                                                                                             |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>                                                                                                                                                                                                                                                                                    |                                                                           |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>                                                                                                                                                                               |                               | c. LENGTH OF STAY (In this place)                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>                                                                                                                                                                               |                               | 07320                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hosp</u>                                                                                                                                                                                                        |                               | d. STREET ADDRESS (If rural, give location) <u>345 E. Wood St</u>                                                                                                                                                                                                                                                                                                                                                             |                                                                           |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>SALLIE</u> b. (Middle) <u>B.</u> c. (Last) <u>STEWART</u>                                                                                                                                                           |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1952</u>                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                     | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>                                                                                                                                                                                                                                                                                                                                                          | 8. DATE OF BIRTH <u>APR 15, 1874</u>                                      |
| 9. AGE (In years last birthday) <u>78</u>                                                                                                                                                                                                                                |                               | 10. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>                                                                                                                                                                                                                                                                                                                                                                               | 11. BIRTHPLACE (City and State or Foreign Country) <u>Neosho Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                                                              |                               | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |
| 13a. FATHER'S NAME <u>JACOB STEWART</u>                                                                                                                                                                                                                                  |                               | 13b. MOTHER'S MAIDEN NAME <u>Cynthia ANN PRICE</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |
| 14. NAME OF HUSBAND OR WIFE                                                                                                                                                                                                                                              |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)                                                                                                                                                                                                                                                                                                                      |                                                                           |
| 16. SOCIAL SECURITY NO. <u>493-36-3060</u>                                                                                                                                                                                                                               |                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FLOA ROGERS, Neosho Mo</u>                                                                                                                                                                                                                                                                                                                                                  |                                                                           |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                           |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |
| 20. AUTOPSY?<br>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)                                                                                                                                                                                                                          |                               | 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>11-1</u> , 19 <u>52</u> , to <u>11-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 7, 1952</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above. |                               |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |
| 23a. SIGNATURE (Degree or title) <u>Harold C. Dentz, M.D.</u>                                                                                                                                                                                                            |                               | 23b. ADDRESS <u>Neosho Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| 23c. DATE SIGNED <u>11-17-52</u>                                                                                                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                                                                                                                                                                                                                  |                               | 24b. DATE <u>11-10-1952</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |
| 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>                                                                                                                                                                                                                       |                               | 24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>                                                                                                                                                                                                                                                                                                                                                          |                                                                           |
| DATE REC'D BY LOCAL REG. <u>11-12-52</u>                                                                                                                                                                                                                                 |                               | REGISTRAR'S SIGNATURE <u>Melvin C. Souman, M.D.</u>                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carley Thompson Co. Neosho Mo</u>                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1152-263

Date Filed 7/11/53

NEOSHO, MISSOURI

REC 3  
8/16

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. 474

working under my personal supervision.

Student Ray P. Adams  
Student Embalmer

Signed Carley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.