

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5342

State File No.

FILED FEB 16 1953

BIRTH NO. 636 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden, Mo.,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glennonville</u> | |
| c. LENGTH OF STAY (in this place) <u>2 DAYS</u> | | d. STREET ADDRESS (If rural, give location) <u>Glennonville, Mo.,</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Malden Clinic</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> | b. (Middle) <u>Anthony</u> | c. (Last) <u>Stewart</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1953</u> |
|--|----------------------------|--------------------------|---|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Jan. 12, 1953</u> | 9. AGE (In years last birthday) <u>11</u> | IF UNDER 1 YEAR Months <u>11</u> | IF UNDER 12 HRS. Hours <u>11</u> Min. |
|--------------------|-------------------------------|--|---------------------------------------|---|----------------------------------|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>F. L. Stewart</u> | 13b. MOTHER'S MAIDEN NAME <u>Annabelle Deke</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>F. L. STEWART</u> | ADDRESS <u>CAMPBELL, MO. R-1</u> |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> | | <u>?</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Maldacardiac</u> | | <u>?</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Maldacardiac</u> | | <u>?</u> | |

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| 19a. DATE OF OPERATION <u>-</u> | 19b. MAJOR FINDINGS OF OPERATION <u>-</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) (Min.) | 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 Jan 22, 1953, to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>F. L. Stewart - M.D.</u> | 23b. ADDRESS <u>Malden Mo - Malden Mo</u> | 23c. DATE SIGNED <u>1/23/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 24, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. TERESAS</u> | 24d. LOCATION (City, town, or county) (State) <u>Glennonville, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-6-53</u> | REGISTRAR'S SIGNATURE <u>J. J. Scherman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u> | ADDRESS <u>MALDEN, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3510

RECEIVED DUNKLIN COUNTY HEAL
DEPARTMENT 2-10-53
COUNTY FILE NUMBER 253-3

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 J. W. Shoumen
Licensed Embalmer No. 4086
P. O. Address Malden

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.