

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13741**

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4165** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gallatin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Gallatin</b>	
c. LENGTH OF STAY (in this place) <b>Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Franklin</b>	c. (Last) <b>Stewart</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 14 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1882</b>	9. AGE (In years last birthday) <b>70</b>	10. MONTHS <b>0</b>	11. DAYS <b>0</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Produce Retail</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank Stewart</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Ridinger</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl Stewart</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-36-1651</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Stewart, Gallatin, Mo.</b>	ADDRESS <b>Gallatin, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 mins</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Coronary heart disease</b>		
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 <b>4201</b>	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 **death on arrival**, so, that I last saw the deceased alive on **4-18-53**, and that death occurred at **5:05A** from the causes and on the date stated above.

23. SIGNATURE <b>Edward Quinn M.D.</b>	23b. ADDRESS <b>Gallatin Mo.</b>	23c. DATE SIGNED <b>4/18/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-16-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kidder Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kidder, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-20-53</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Emery</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>	ADDRESS <b>Gallatin, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

APR 28 1953

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 \_\_\_\_\_

Licensed Embalmer No. 3302

P. O. Address Ballast, Fla.

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.