

STANDARD CERTIFICATE OF DEATH

State File No. **16906**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **4551** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Wright		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartsville Mo		c. LENGTH OF STAY (in this place) 22 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartsville Mo		d. STREET ADDRESS (If rural, give location) 1140
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) _____ c. (Last) Steward			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 3, 1894	9. AGE (In years) (If under 1 year: last birthday) (Months) (Days) (Hours) (Min.) 59	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME (unknown) Gale		13b. MOTHER'S MAIDEN NAME (unknown) Lilly	14. NAME OF HUSBAND OR WIFE William S. Steward		
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 / ADDRESS Earl Steward Milan, Ill.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis 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* (a) _____ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Year -
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				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) _____	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 Jan 10 , 19 51 , to Apr. 27 , 19 53 , that I last saw the deceased alive on Apr. 25 , 19 53 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. L. Worthington, M.D. (Degree or title)			23b. ADDRESS Hartsville, Mo.		23c. DATE SIGNED 4-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/30/1953	24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	24d. LOCATION (City, town, or county) (State) Wright County Mo		
DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE D. J. Garner 346		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Gene P. Anderson Hartsville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 553-67
Date Filed 5-9-53

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 Glenn S. Williams

Licensed Embalmer No. 4651

P. O. Address Portville 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.