

FILED JUN 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19037

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Ray 0890		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No. b. COUNTY Ray 0890	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Grape Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Grape Grove Twp. 0	
c. LENGTH OF STAY (in this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) No.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 mile east Georgeville, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) WATSON c. (Last) STEWART			4. DATE OF DEATH (Month) (Day) (Year) 5/25/1953			
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH 2/14/1903	9. AGE (in years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Tenn. /		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alec Stewart		13b. MOTHER'S MAIDEN NAME Nora F. Glover		14. NAME OF HUSBAND OR WIFE Mary Lou Stewart	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Lou Stewart, Covehill, Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Agricultural accident caused by tractor turning over, oil crushing deceased causing internal injuries to abdominal and thoracic organs			
	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 089 89121 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) GRAPE GROVE TWP. RAY MISSOURI	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 25, 1953 9A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? TRACTOR TURNED OVER ON STEEP BANK CRUSHING DECEASED	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.E. Goedberg M.D.		(Degree or title)		23b. ADDRESS Braymer, Mo.		23c. DATE SIGNED 5/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/29/1953		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Waston, Mo.	

DATE RECD' BY LOCAL REG. May 29-1953		REGISTRAR'S SIGNATURE 273 maulud jackson		25. FUNERAL DIRECTOR'S SIGNATURE Gemb. Michael-Braymer, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1959

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 Geneb Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.