

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38897**

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **1224** Registrar's No. **81**

0440

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

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon	
c. LENGTH OF STAY (in this place) Working		d. STREET ADDRESS (If rural, give location) 2440	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Franklin	c. (Last) Steward	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 19 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (City and State or Foreign Country) Omaha Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Wesley Steward	13b. MOTHER'S MAIDEN NAME Lizzie Kearnsch	14. NAME OF HUSBAND OR WIFE Mollie Steward
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-07-3953	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mollie Steward	ADDRESS Oregon Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE TUBERCULOSIS		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **Nov. 19**, 19**53**, to **Nov. 7**, 19**53**, that I last saw the deceased alive on **Nov. 7**, 19**53**, and that death occurred at **Nov. 7** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Cobbin D.O., coroner Holt Co.	23b. ADDRESS Oregon Mo.	23c. DATE SIGNED 12-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 9 1953	24c. NAME OF CEMETERY OR CREMATORY Oregon	24d. LOCATION (City, town, or county) (State) Oregon Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-8-1953	25. FUNERAL DIRECTOR'S SIGNATURE James H. Pittenger	ADDRESS Oregon Mo.
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VS JUN 8 1961

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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.