

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39983**

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. <b>282</b>		PRIMARY REG. DIST. NO. <b>5975</b>		Registrar's No. <b>142</b>	
1. PLACE OF DEATH a. COUNTY <b>Polk</b>				2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk Mo</b>			
b. CITY OR TOWN <b>Polk</b> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>Polk</b> (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location) <b>10 Miles N.E. of Bolivar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 Miles N.E. of Bolivar</b>				d. STREET ADDRESS (If rural, give location) <b>10 Miles N.E. of Bolivar</b>			
3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print)			b. (Middle) <b>Jane</b>			c. (Last) <b>Stewart</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>10 16 53</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>Oct 9 1867</b>		9. AGE (In years last birthday) <b>86</b>		10. UNDER 1 YEAR Months <b>0</b> Days <b>7</b>		11. UNDER 18 Hrs. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Polk Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>W. M. Lunderman</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Elizabeth Roane</b>		14. NAME OF HUSBAND OR WIFE <b>Francis Stewart</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Olen Stewart</b>		ADDRESS <b>Bolivar Mo</b>	
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Circulatory Failure</b>					
		ANTECEDENT CAUSES DUE TO (b) <b>Encephalomalacia and prolonged recumbency</b>					
		DUE TO (c) <b>Arterio-sclerosis + Hemiplegia</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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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 <b>Oct. 1952</b> , to <b>Oct 16, 1953</b> , that I last saw the deceased alive on <b>Oct 16, 1953</b> , and that death occurred at <b>3:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Dumbauld</b> (Degree or title)				23b. ADDRESS <b>Bolivar Mo.</b>		23c. DATE SIGNED <b>10-29-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Oct 18 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. View Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Polk Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 14, 1953</b>		REGISTRAR'S SIGNATURE <b>Ralph Darden</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Green &amp; Blue</b>		ADDRESS <b>Bolivar Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Edward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Collierville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.