

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42592**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1099-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>4 hrs.</u>	c. CITY OR TOWN <u>Pond Fork</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0770 /</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny</u> b. (Middle) <u>Lee</u> c. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>March 22, 1948</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Bill Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva Hard</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Austin Hurd</u> ADDRESS <u>Pond Fork, Mo</u>

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) <u>Burns, effusive 2nd & 3rd degree 8 hrs of entire body</u>		
	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"/>
21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>077</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 9, 1953 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>gasoline explosion</u>

22. I hereby certify that I attended the deceased from Dec 9, 1953, to Dec 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. G. Bentley M.D.</u> (Degree or title)	23b. ADDRESS <u>Med Arts Bldg Springfield Mo</u>	23c. DATE SIGNED <u>12-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u>
24d. LOCATION (City, town, or county) (State) <u>Thornfield Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. V. Chickeringheart</u> ADDRESS <u>Con, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-15-53</u> REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		

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.....
Signature of Student Embalmer

Signed *Lyle G. Hinkley*.....

Licensed Embalmer No. *4830*.....

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.