

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1004 N. Osteopathy		d. STREET ADDRESS (If rural, give location) 0013 8	

3. NAME OF DECEASED (Type or Print) a. (First) Anita b. (Middle) June c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Jan 1 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH June 23 1950		9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR: Months 6 Days 9 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? 					

13a. FATHER'S NAME Bud William Stewart		13b. MOTHER'S MAIDEN NAME Doris Johnson		14. NAME OF HUSBAND OR WIFE 	
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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 Mildard Johnson ADDRESS 805 W Pierce Kirksville	
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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) Conflagration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffocation from smoke & flame DUE TO (c) E91.00 16			INTERVAL BETWEEN ONSET AND DEATH 10 min 3 min
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Child had no way of escape			

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 (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE) Kirksville Adair Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 1, 1954 10:30 a		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? House caught fire & burned to ground	

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 **10:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert B. Davis (Degree or title) Coroner		23b. ADDRESS Kirksville (Adair Co) Mo		23c. DATE SIGNED 1-2-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 3 1954		24c. NAME OF CEMETERY OR CREMATORY Hanah	
				24d. LOCATION (City, town, or county) (State) Sullivan Co Mo	

DATE REC'D BY LOCAL REG. 1-3-54		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE M. W. McCallum ADDRESS South Gifford Mo	
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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 *W. H. McCallum*.....

Licensed Embalmer No. 2052.....

P. O. Address South Gifford 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.