

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1954.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		e.o.i.3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1004 n Osteopathy</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u>		b. (Middle) <u>Bud</u>		c. (Last) <u>Stewart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>September 24 1951</u>	
9. AGE (in years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Bud William Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>			
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 ADDRESS <u>Milard Johnson 805 W. Pierce Kirksville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Conflagration</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>suffocation from smoke & flame. E9160</u> DUE TO (c) <u>16</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Child had no way of escape.</u> 3 min.					
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville Adair Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hrs) <u>Jan 1, 1954 10:30 a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House caught fire & burned to ground</u>			
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 <u>10:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert B. Harris</u>		(Degree or title) <u>3</u>		23b. ADDRESS <u>Kirksville Adair Co. Mo.</u>		23c. DATE SIGNED <u>1-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 3 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hannah</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-3-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W H McCall</u>		ADDRESS <u>South Gifford</u>	

(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 *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 'o

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.