

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

575

State File No.

FILED JAN 26 1954

BIRTH NO.		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4122</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nixa, Mo</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nixa Mo</u> 0220			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nixa Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Nixa Mo</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) <u>Faye</u> c. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17, 1954</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Not Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1912</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School, Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J R Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Clista Mabel Gill</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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J R STEWART / Nixa 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteogenic Sarcoma left femur</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>196x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>10 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Osteogenic Sarcoma left femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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 <u>May 1, 1953</u> , to <u>Jan 19, 1954</u> , that I last saw the deceased alive on <u>Nov 25, 1953</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Daniel L Yancy M.D.</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>Jan 21 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 19, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shubough</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 22, 1954</u>		REGISTRAR'S SIGNATURE <u>Allene Deibel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u>		ADDRESS <u>Ozark, Mo</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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.