No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9287

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 565-6 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halltown Ozark
c. LENGTH OF STAY (in this place): Native
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution:- residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halltown Mo. Ozark 0550
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Louise c. (Last) Stewart
4. DATE OF DEATH (Month) (Day) (Year): April 1 54
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-29-1882
9. AGE (In years last birthday): 71 If under 1 year: Months 5 Days 3 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Lawrence Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? native
13a. FATHER'S NAME: Pryor Lee Nicholson
13b. MOTHER'S MAIDEN NAME: Alice Mills
14. NAME OF HUSBAND OR WIFE: William O. Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Lawmaster ADDRESS: Halltown Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemorrhage — 13 days
DUE TO (c) Hypertension — 8 months

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: 331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2 1952 *to* April 1, 1954, *that I last saw the deceased alive on* April 1, 1954, *and that death occurred at* 12:45 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold E. George (Degree or title) DO
23b. ADDRESS: Mt Vernon, Mo
23c. DATE SIGNED: 4/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-4-1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Halltown
24d. LOCATION (City, town, or county) (State): Halltown Mo.

DATE REC'D BY LOCAL REG.: 4-6-54
REGISTRAR'S SIGNATURE: W. S. Burress 158-0
25. FUNERAL DIRECTOR'S SIGNATURE: Morris-Lerman Miller Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.