

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11050**

FILED APR 12 1954 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6286 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WOODSTOWN		c. CITY OR TOWN DAWSON, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs		e. STREET ADDRESS (If rural, give location) ONE MILE WEST OF DAWSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ONE MILE WEST DAWSON			

3. NAME OF DECEASED (Type or Print)	a. (First) REBECCA	b. (Middle) HART	c. (Last) STEWART	4. DATE OF DEATH (Month) (Day) (Year) 3 26 54
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 18 1896	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) BOONE COUNTY ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GARDISLE COLE	13b. MOTHER'S MAIDEN NAME MALISSA HART	14. NAME OF HUSBAND OR WIFE JOHN D. STEWART
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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) NO	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Sally Casey	ADDRESS 924 1/2 Pine RT 2
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Not known
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Hypertension		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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I hereby certify that I attended the deceased from **12-2-53**, 1953, to **3-26-**, 1954, that I last saw the deceased alive on **3-28**, 1954, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. C. Williams	(Degree or title) M.D.	23b. ADDRESS Mountain Grove Mo	23c. DATE SIGNED 3/29/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3/29/54	24c. NAME OF CEMETERY OR CREMATORY WILLIAMS	24d. LOCATION (City, town, or county) (State) BOONE COUNTY ARK.
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DATE REC'D BY LOCAL REG. 4-1-54	REGISTRAR'S SIGNATURE A.B. Rines	343-0	25. FUNERAL DIRECTOR'S SIGNATURE Rev. Barber	ADDRESS 924 1/2 Pine RT 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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Date Filed 4-10-54

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 *R. W. Barber*

Licensed Embalmer No. 38

P. O. Address *W. H. ...*

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.