

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19590

FILED JUN 21 1954

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>121</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>105 Conn Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy #65 at Simpson Park</u>				d. STREET ADDRESS (If rural, give location) <u>105 Conn Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>Gerald</u>		c. (Last) <u>Stewart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 6, 1944</u>			
9. AGE (In years last birthday) <u>9</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>George W. Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Cooper</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>		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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.W. Stewart</u>			
17. ADDRESS <u>Chillicothe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Contusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Skull</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8 12 4</u> <u>25</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 Months</u> <u>1 Minute</u>	
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>Washington St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Chillicothe Livingston Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (If year) <u>June 12 '54 9P</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Struck by Auto</u>							
22. I hereby certify that I attended the deceased from <u>None</u> , 19____, to _____, 19____, that I last saw the deceased alive on <u>June 12</u> , 1954, and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph A. Canaday M.D. (Coroner)</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>June 14-54</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-19-54</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>					
				ADDRESS <u>Chillicothe, 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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.