No. 300
10.48

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

FILED AUG 16 1954

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 26366

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 875

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 mo 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): missouri methodist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: missouri
b. COUNTY: Andrew
c. CITY OR TOWN: Amazonia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 00-20 / Amazonia mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ella
b. (Middle):
c. (Last): Stewart

**4. DATE OF DEATH** (Month) (Day) (Year): 8-10-1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 3-21-1872
**9. AGE** (In years last birthday): 82 — IF UNDER 1 YEAR: Months 4, Days 29 — IF UNDER 24 HRS.: Hours —, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At Home
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Cass Co Neb
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William H Newell
**13b. MOTHER'S MAIDEN NAME**: Mildred Searle
**14. NAME OF HUSBAND OR WIFE**: William 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. Ramond Pollard — **ADDRESS**: 1734 E. 47th Place Kansas City 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) Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Heart Disease
DUE TO (c) Acute pulmonary Edema

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**:
**20. AUTOPSY?** YES [ ] NO [X]

**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* 7-6-, 1954, *to* 8-10-, 1954, *that I last saw the deceased alive on* 8-10-, 1954, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Warren C. Babcock
**23b. ADDRESS**: Savannah, Mo
**23c. DATE SIGNED**: 8-11-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 8-13-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Plattsmouth
**24d. LOCATION** (City, town, or county) (State): Plattsmouth Neb.

**DATE REC'D BY LOCAL REG.**: Aug 11, 1954
**REGISTRAR'S SIGNATURE**: Esther M. Allison Deputy Reg. — Guy P. Bellamy M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 26.5

P. O. Address Savanna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.