No. 300
10.48

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1478

State File No.

BIRTH NO. REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 3028 Registrar's No. [redacted] 1

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): Parker Memorial Home 743 W. Central Ave 0493

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): MAY
c. (Last): STEWART

4. DATE OF DEATH (Month) (Day) (Year): Jan 4, 1955

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 28, 1868
9. AGE (In years last birthday): 86 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and State or Foreign Country): Franklin, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Utter
13b. MOTHER'S MAIDEN NAME: Christina Hunt
14. NAME OF HUSBAND OR WIFE: E. H. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Earl Smith, Tulsa, Okla

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: General debility — 2 yrs.

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* 11-1, 1954, *to* 1-4, 1955, *that I last saw the deceased alive on* 1-3, 1955, *and that death occurred at* 5:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Grover S Patterson (Degree or title) MD
23b. ADDRESS: 506 S Main, Carthage, Mo
23c. DATE SIGNED: 1-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 6, 1955
24c. NAME OF CEMETERY OR CREMATORY: Rocky Comfort Cemetery
24d. LOCATION (City, town, or county) (State): Rocky Comfort, Mo.

DATE REC'D BY LOCAL REG.: 1-4-55
REGISTRAR'S SIGNATURE: Ell Clinton 139-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Pogue Mortuary, Wheaton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed JAN 11 1955

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 Wm Morris Pogue

Licensed Embalmer No. 34

P. O. Address Wheaton, M

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.