

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3601

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).					
a. COUNTY <u>Scott</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>			
c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Matthews</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Comm. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Route 3</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Willie</u>		b. (Middle) <u>-----</u>		c. (Last) <u>Stewart</u>		Month (Day) (Year) <u>Jan. 23 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 6 1911</u>			
9. AGE (in years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u>17</u> Min. <u>---</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Ed Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Stewart</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>---</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Stewart Matthews, Mo. R. 3</u>		ADDRESS	
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	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Rushmory infarct</u>				DUPLICATE TO (b) <u>Probable Rushmory infarct</u>				5 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUPLICATE TO (c) <u>ess. Hypertension with cardiac hypertrophy.</u>				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 <u>443X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-21</u> , 19 <u>55</u> , to <u>1-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>55</u> , and that death occurred at <u>8: a m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. D. Urban</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sikeston Mo</u>		23c. DATE SIGNED <u>1-24-55</u>	
24a. BURIAL CREMATION; REMOVAL (Specify)		24b. DATE <u>1-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Colored</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>			
DATE REC'D BY LOCAL REGISTRAR <u>1-25-55</u>		REGISTRAR'S SIGNATURE <u>Miss. E. D. Urban</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 4803  
0

DATE RECEIVED JAN 31 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 155-22

---

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 H. L. Ponder

Licensed Embalmer No. 336

P. O. Address Lilbourn

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.