

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10784**

FILED MAR 22 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (in this place) <b>39 years</b>	c. CITY OR TOWN <b>Nevada</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>in small pasture near his home 1315 E. Cherry St.</i>		f. STREET ADDRESS (If rural, give location) <b>1315 E. Cherry</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Ray</b> c. (Last) <b>Stewart</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 18 1955</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 22, 1887</b>
9. AGE (In years last birthday) <b>67</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mound City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John David Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Connie Marie Stewart</b>	
14. NAME OF HUSBAND OR WIFE <b>Connie Marie Stewart</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>491-07-7870</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Connie M. Stewart</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apparent Heart attack</b>  ANTECEDENT CAUSES DUE TO (b) <b>fell dead working in pasture. Had recently received treatment from physician for high blood pressure.</b> DUE TO (c) <b>NO INQUEST</b>  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 <b>4-4 3X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Nevada</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon Mo</b>	
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? <b>never</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Walter D. Sherman</b>		23b. ADDRESS <b>Nevada, Missouri</b>	
23c. DATE SIGNED <b>3-19-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>March 21-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Butler Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry Funeral Home</b>	
DATE REC'D BY LOCAL REG. <b>3-19-1955</b>		REGISTRAR'S SIGNATURE <b>Anna J. Ferry</b>	
ADDRESS <b>Nevada, Mo.</b>		ADDRESS <b>Nevada, Mo.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
*B. J. Lindley*

Licensed Embalmer No.....  
*148*

P. O. Address.....  
*Nevada*

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.