

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

State File No. **11409**

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Boonville		c. CITY OR TOWN Speed (Pilot Grove)	
c. LENGTH OF STAY (In this place) 6 days		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 St. Joseph Hospital			
e. STREET ADDRESS (If rural, give location) Boonville Route #3			

3. NAME OF DECEASED (Type or Print) HENRY - LYNN - STEWART			4. DATE OF DEATH (Month) (Day) (Year) April 15, 1955		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH June 3, 1884	9. AGE (In years) 70	If under 1 year	If under 1 month	If under 1 day	If under 1 hour	If under 1 min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Green, Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bush Stewart	13b. MOTHER'S MAIDEN NAME Mary Heather	14. NAME OF HUSBAND OR WIFE Bulah Stewart	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bulah Stewart		ADDRESS Speed Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis heart disease	INTERVAL BETWEEN ONSET AND DEATH 2 3/4			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES			
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arterio-sclerosis		
		DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS	DUE TO Aschemia		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Speed Missouri
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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?
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22. I hereby certify that I attended the deceased from June 1953 to June 15, 1955, that I last saw the deceased alive on 4/15, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above.

23a. SIGNATURE M. Decker	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 4/18/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Pilot Grove, Ceme	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo.
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DATE REC'D BY LOCAL REG. 4/18/55	REGISTRAR'S SIGNATURE W. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Hays - Painter, Pilot Grove
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

APR 26 1957

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 *Lepton E. Hayes*.....

Licensed Embalmer No. *307*.....

P. O. Address *Pilot Mt*.....

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.