

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31532

State File No.

FILED SEP 29 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7667

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BARNES HOSPITAL</u>		c. CITY OR TOWN <u>Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>ST. LOUIS</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>July 14, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Boat Maker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>?? Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>456-03-3640</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Oltman, Union, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUBDIAPHRAGMATIC ABSCESS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>26 DAYS</u> <u>26 DAYS</u> <u>2 YRS.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>PERFORATION OF BOWEL</u>		
	DUE TO (c) <u>CARCINOMA OF BLADDER</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>WITH METASTASES</u>		

19a. DATE OF OPERATION <u>8/19/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>I & D subhepatic and subdiaphragmatic abscess</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>181x</u>
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22. I hereby certify that I attended the deceased from 13 August, 1955, to 29 August, 1955, that I last saw the deceased alive on 29 August, 1955, and that death occurred at 6:00 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Edwan M. Moon, Jr.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>8/29/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Re mo va l</u>	24b. DATE <u>8-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>AUG 31 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oltman Funeral Home</u>	ADDRESS <u>Union, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ralph Altman*.....

Licensed Embalmer No. *480*.....

P. O. Address *Union*.....

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