

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

37400

State File No.

FILED NOV 22 1955

BIRTH NO. 78131-55 REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY OR TOWN <u>Salmon Township</u>		c. CITY OR TOWN <u>Lewistown, Mo.</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>Home</u>		e. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. S E of Lewistown, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) c. (Last) <u>STEWART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14 - 1955</u>	
5. SEX <u>Male</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>	8. DATE OF BIRTH <u>Nov. 13 - 1955</u>
9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lewistown, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Noland Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Lona Marie Bringer</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Noland Stewart, Lewistown, Mo.</u>

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) <u>Premature birth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>776X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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.)		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 Nov. 13, 19 55 to Nov. 14, 1955, that I last saw the deceased alive on Nov. 13, 19 55, and that death occurred at 6:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harvey T. McBrody D.O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>	23c. DATE SIGNED <u>11/14/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ewing</u>	24d. LOCATION (City, town, or county) (State) <u>Ewing, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/5-55</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u> E.D.	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>		ADDRESS <u>Ewing, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Form No. 300
10-48

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..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing*

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.