

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43202**

BIRTH **FILED JAN 11 1956** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **208**

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA		c. CITY OR TOWN MIL0	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 WEEK		e. STREET ADDRESS (If rural, give location) 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA City Hospt			

3. NAME OF DECEASED (Type or Print) MAUD	a. (First)	b. (Middle) RAY	c. (Last) STEWART	4. DATE OF DEATH (Month) (Day) (Year) DEC 27 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 31, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST CLAIRE CO. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JOHN FIELDS	13b. MOTHER'S MAIDEN NAME HATTIE TABOR	14. NAME OF HUSBAND OR WIFE SAMUAL P. STEWART
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Samual P. Stewart	ADDRESS Mil0 Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		48 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis DUE TO (c) Arteriosclerotic heart disease		several years several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			

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)
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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 **12-18-**, 19**55**, to **12-27-**, 19**55**, that I last saw the deceased alive on **12-27-**, 19**55**, and that death occurred at **11:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Branta	(Degree or title) Mo.	23b. ADDRESS Nevada, Missouri	23c. DATE SIGNED 12-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 29 1955	24c. NAME OF CEMETERY Sheldon	24d. LOCATION (City, town, or county) (State) Vernon Co Mo
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DATE REC'D BY LOCAL REG. 1-7-1956	REGISTRAR'S SIGNATURE Uma & Ferris	25. FUNERAL DIRECTOR'S SIGNATURE S. Bernard Bump	ADDRESS Sheldon Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

4411 12 1951

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 *S. Bernard Berry*.....

Licensed Embalmer No. *411*

P. O. Address *Sheldon*

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.