

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5461**

BIRTH NO.		REG. DIST. NO. 467		PRIMARY REG. DIST. NO. 4256		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Chilhowee		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital				e. STREET ADDRESS (If rural, give location) 0 5100			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence			b. (Middle) Wesley		c. (Last) Stewart		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1887		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Worker		10b. KIND OF BUSINESS OR INDUSTRY M. K. T.		11. BIRTHPLACE (City and State or Foreign Country) Chilhowee, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William W. Stewart			13b. MOTHER'S MAIDEN NAME Dorothy Ashton		14. NAME OF HUSBAND OR WIFE Sylvia Curreant Stewart		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 708-14-7564		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvia Stewart, Chilhowee, Mo.			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2040				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) m. 2 6		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 2-6, 1956 to 2-21, 1956 , that I last saw the deceased alive on 2-21, 1956 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. H. Jones			23b. ADDRESS Holden Mo			23c. DATE SIGNED 2-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/23/56	24c. NAME OF CEMETERY OR CREMATORY Car center		24d. LOCATION (City, town, or county) (State) Chilhowee, Mo.		
DATE REC'D BY LOCAL REG. 2-23-56		REGISTRAR'S SIGNATURE W. H. Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cook Funeral Home, Chilhowee, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300

0.48

RECEIVED
FEB 28 1956
JOHNSON COUNTY HEALTH

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.....

J. W. Cook
Licensed Embalmer No. 43

P. O. Address *Chilhowee*

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.