

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35080**

BIRTH NO. _____		REG. DIST. NO. <b>292</b>		PRIMARY REG. DIST. NO. <b>6005</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Rallen</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Rallen</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Frankford (Rural)</b>		c. LENGTH OF STAY (In this place) <b>25 yrs</b>		c. CITY OR TOWN <b>Frankford</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>880</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Spencer Township</b>				STREET ADDRESS (If rural, give location) <b>Rural Route # 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>		b. (Middle) <b>RAYMOND</b>		c. (Last) <b>STEWART</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 21 1956</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB. 27, 1884</b>	
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Emporia Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS STEWART</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BELTZHOVER</b>		14. NAME OF HUSBAND OR WIFE <b>JESSIE STEWART</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-22-6812</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Harry Stewart Frankford Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>443x</b>	
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) (Min.)		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 <b>June</b> , 19 <b>55</b> , to <b>July</b> , 19 <b>56</b> that I last saw the deceased alive on <b>July 21, 1956</b> and that death occurred at <b>4 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. P. Hansen D.O.</b>		23b. ADDRESS <b>Frankford Mo.</b>		23c. DATE SIGNED <b>7/27/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 23-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Frankford Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/7/56</b>		REGISTRAR'S SIGNATURE <b>Clyde C. Wisney</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fields-Tregown Frankford Mo.</b>			

(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.....  
*Jose Fields Megaw*

Licensed Embalmer No. *493*

P. O. Address *Frankford*

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.