

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1956

STATE FILE NUMBER

 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 86

|   |                  |   |                     |   |                                 |   |   |
|---|------------------|---|---------------------|---|---------------------------------|---|---|
| 1. PLACE OF DEATH   |                  |   |                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |                                 |   |   |
| a. COUNTY <u>Putnam</u>   |                  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Unionville</u>   |                     | a. STATE <u>Missouri</u>  |                                 | b. COUNTY <u>Putnam</u>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>  |                  | Length of stay in lb<br><u>5 Days</u>   |                     | c. CITY OR TOWN <u>Lucerne</u>  |                                 | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| d. STREET ADDRESS   |                  |   |                     | (If outside, give location)   |                                 | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print)   |                  |   | 4. DATE OF DEATH    |   |                                 | Month Day Year  |   |
| First <u>Hollie</u> Middle <u>May</u> Last <u>Stewart</u>   |                  |   | Dec. 1 1956         |   |                                 |   |   |
| 5. SEX  | 6. COLOR OR RACE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>       | 8. DATE OF BIRTH    |   | 9. AGE (In years last birthday) |   |   |
| <u>Female</u>   | <u>White</u>     | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                          | <u>April 1 1887</u> |   | <u>69</u>                       |   |   |
| 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 country)  |                                 | 12. CITIZEN OF WHAT COUNTRY?  |   |
| <u>Housewife</u>  |                  | <u>Own Home</u>   |                     | <u>Mercer County Missouri</u>   |                                 | <u>U.S.A.</u>   |   |
| 13. FATHER'S NAME   |                  |   |                     | 14. MOTHER'S MAIDEN NAME  |                                 |   |   |
| <u>Beal Ogle</u>  |                  |   |                     | <u>America Brewer</u>   |                                 |   |   |
| 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 Address   |                                 |   |   |
| <u>No</u>   |                  | <u>None</u>   |                     | <u>Alice Thompson Lucerne Missouri</u>  |                                 |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   |                  |   |                     |   |                                 |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>   |                  |   |                     |   |                                 |   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                  |   |                     |   |                                 |   |   |
| DUE TO (b) <u>Degenerative myocarditis</u>  |                  |   |                     |   |                                 |   |   |
| DUE TO (c) <u>Hypertensive arteriosclerosis</u>   |                  |   |                     |   |                                 |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |                  |   |                     |   |                                 |   |   |
| <u>Chronic nephrosis</u>  |                  |   |                     |   |                                 |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                  | 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I or Part II of item 18.) |                     |   |                                 |   |   |
|   |                  | <u>420.1</u>  |                     |   |                                 |   |   |
| 20c. TIME OF INJURY. Hour Month, Day, Year  |                  |   |                     |   |                                 |   |   |
| a. m. p. m.   |                  |   |                     |   |                                 |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                     | 20f. CITY, TOWN, OR LOCATION  |                                 | COUNTY STATE  |   |
|   |                  |   |                     |   |                                 |   |   |
| 21. I attended the deceased from <u>11-27-56</u> to <u>12-1-56</u> and last saw her <u>alive</u> on <u>12-1-56</u><br>Death occurred at <u>10:00A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                  |   |                     |   |                                 |   |   |
| 22a. SIGNATURE (Deceased or title)  |                  |   |                     | 22b. ADDRESS  |                                 | 22c. DATE SIGNED  |   |
| <u>L. W. McDonald</u>   |                  |   |                     | <u>209 Knoxville, Mo</u>  |                                 | <u>12-3-56</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                  | 23b. DATE   |                     | 23c. NAME OF CEMETERY OR CREMATORY  |                                 | 23d. LOCATION (City, town, or county) (State)   |   |
| <u>Burial</u>   |                  | <u>Dec. 3 1956</u>  |                     | <u>Lucerne Cemetery</u>   |                                 | <u>Lucerne Missouri</u>   |   |
| 24. FUNERAL DIRECTOR ADDRESS  |                  |   |                     | 25. DATE RECD. BY LOCAL REG.  |                                 | 26. REGISTRAR'S SIGNATURE   |   |
| <u>Comstock Funeral Home Unionville, Mo.</u>  |                  |   |                     | <u>12-8-1956</u>  |                                 | <u>Marcella Darbin</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, or other authority must certify to a death due to natural causes. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James W. Pomatoch*

Licensed Embalmer No.....

P. O. Address.....

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.