

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40510

STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 176

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>BATES</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>1280</u>		d. STREET ADDRESS (If outside, give location) <u>S/E of Montevillo</u>	
c. FULL NAME OF (IF NOT HOSPITAL OR INSTITUTION) <u>Montevillo</u>		Length of stay in lb <u>Days</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>WALTER</u>		Middle <u>LAVERE</u>		Last <u>STWARD</u>		Month <u>Dec</u> Day <u>31</u> Year <u>56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-13-1909</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN GRAIN FARM</u>		11. BIRTHPLACE (City and state or country) <u>Montevillo Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>WALTER STEWARD</u>				14. MOTHER'S MAIDEN NAME <u>ELLA STEWARD</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-42-7516</u>		17. INFORMANT <u>Mrs. Josephine Steward</u> Address <u>Montevillo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]							INTERVAL BETWEEN ONSET AND DEATH <u>Mo</u>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arteriosclerosis</u>							<u>Ms. Faulk</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Coronary disease</u>							
DUE TO (c) <u>Pericardio-Vascular disease</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4201</u>							19. WAS AUTOPSY PERFORMED? 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.)					
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>April 17, 1957</u> to <u>Dec 31, 1956</u> and last saw <u>him</u> alive on <u>Dec 31, 1956</u>							
21a. SIGNATURE <u>Thos. G. Keck</u> (Degree or title) <u>M.D.</u> ADDRESS <u>State Bk. Bldg. Butler, Mo</u> DATE SIGNED <u>Dec. 31-56</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>Dec 31-56</u>		<u>Newton Park</u>		<u>Nevada Mo.</u>	
24. FUNERAL DIRECTOR <u>L. Harold Beery</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec. 31-1956</u>		26. REGISTRAR'S SIGNATURE <u>Kennell Beery</u>			

Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

MAE 10 1959 SA

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 *L. Gerald Beery*

Licensed Embalmer No. *420*

P. O. Address *Sheldon*

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.