Health, & Welfare Public Service

S. 300
1-57

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35532
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 1004-A

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Campbell, Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) W. Hiway 66 — Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Township — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) W. Hiway 66 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Millie Middle --- Last Stewart

4. DATE OF DEATH Month Day Year Oct. 16, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb. 27, 1870
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Jasper Lemming
13b. MOTHER'S MAIDEN NAME Ellen Carter
14. NAME OF HUSBAND OR WIFE Charley B. Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. None
17. INFORMANT Address W. A. Jones (Son) - Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 331 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to Oct 16, 1957 and last saw her/him alive on Oct 14, 1957
Death occurred at 10:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Dean Cunningham, M.D.
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 10-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-20-1957
23c. NAME OF CEMETERY OR CREMATORY Glidewell Cemetery
23d. LOCATION (City, town, or county) (State) Christian County, Mo.

24. FUNERAL DIRECTOR Lawrence — ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 10-22-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 29 1957

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 ---------- Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 331

P. O. Address Springfield, M

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.