

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41427
State File No. _____
Registrar's No. 471

FILED NOV 18 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 45 years		d. STREET ADDRESS (If rural, give location) 2010 E. 6th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MISSOURI	b. (Middle) MABEL	c. (Last) STEWART	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 12, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Antoine Schrader	13b. MOTHER'S MAIDEN NAME Mary Bishop	14. NAME OF HUSBAND OR WIFE Charles B. Stewart
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Charles B. Stewart ADDRESS 2010 E. 6th, Sedalia
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident (stroke)		4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Diabetes Mellitus		20 years Many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked arteriosclerosis		20 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov. 5, 1957**, to **Nov. 9, 1957**, that I last saw the deceased alive on **Nov. 9, 1957**, and that death occurred at **7:13 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Albert J. Campbell, MD (Degree or title)	23b. ADDRESS 312 1/2 So. Olive Sedalia Mo	23c. DATE SIGNED Nov. 12, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/1957	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 11-12-57	REGISTRAR'S SIGNATURE Francess Shelby	25. FUNERAL DIRECTOR'S SIGNATURE W. Weckert ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

541

STATE OF MISSOURI 1923

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
Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 48040

P. O. Address Sedalia, Mo.

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 this body is not embalmed, fact should be so stated above.