

STANDARD CERTIFICATE OF DEATH

58-005228 STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 18

300 1-57

1. PLACE OF DEATH a. COUNTY Grundy b. CITY OR TOWN Trenton c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 835 W 13th Ct. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grundy c. CITY OR TOWN Trenton d. STREET ADDRESS 835 W 13th Ct. 3. NAME OF DECEASED First Middle Last CLARENCE TAYLOR STEWART 4. DATE OF DEATH Month Day Year Feb. 1 1958 5. SEX MALE 6. COLOR OR RACE White 7. MARRIED WIDOWED 8. DATE OF BIRTH MAY 13, 1970 9. AGE 87 10a. USUAL OCCUPATION RAILROAD 10b. KIND OF BUSINESS OR INDUSTRY RAILWAY 11. BIRTHPLACE LINEVILLE, IOWA 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13a. FATHER'S NAME HARVEY STEWART 13b. MOTHER'S MAIDEN NAME MARTHA JANE EVANS 14. NAME OF HUSBAND OR WIFE CLARA STEWART 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT CLARA STEWART Trenton, MO. 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior Myocardial Infarction (b) DUE TO (c) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from Jan 13 - 58, to Feb 1 - 58 and last saw her alive on Jan 30 - 58 Death occurred at 10:30 - 0 m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE E. A. Duffy M.D. 22b. ADDRESS Trenton, MO 22c. DATE SIGNED Feb 3 - 58 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2/4/58 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 23d. LOCATION (City, town, or county) (State) Trenton MO. 24. FUNERAL DIRECTOR J. Gordon Blackmore Trenton, MO 25. DATE RECD. BY LOCAL REG. 2-4-58 26. REGISTRAR'S SIGNATURE Irene Fair

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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.

Dr. E.A. Duffy.

APR 23 1958

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 *Harold Roberts*

Licensed Embalmer No. *4920*

P. O. Address *Linton, N.C.*

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.