

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009060
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 272

| | | | | | | | | | |
|---|----------------------------------|---|--|---|---|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Poplar Bluff, Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp.</u> | | | Length of stay in 1b <u>13 yrs.</u> | | d. STREET ADDRESS <u>2014 S. Broadway</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Claude</u> Middle <u>H.</u> Last <u>Stewart</u> | | | | 4. DATE OF DEATH Month <u>3</u> Day <u>13</u> Year <u>1958</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>8-7-1898</u> | | 9. AGE (In years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> | IF UNDER 24 HRS. Hours <u>15</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef at Lucy Lee Hospital</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and state or country) <u>Meridian, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Alfred</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Minnie Alexander</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW1</u> | | 16. SOCIAL SECURITY NO. <u>429-03-1202</u> | | 17. INFORMANT <u>Mabel Stewart, Poplar Bluff, Mo.</u> | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure, acute</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Pneumonia, acute</u> | | <u>5400</u> | | 21 hours | | | |
| | | DUE TO (c) <u>Gastric ulcer with repeated massive hemorrhages</u> | | | | 3 days | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Upper respiratory infection - 5 days before death</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | | |
| 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 <u>7:45</u> Month, Day, Year <u>3/10/58</u> 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 <u>Poplar Bluff, Mo.</u> | | COUNTY | | STATE | |
| 21. I attended the deceased from <u>3/10/58</u> to <u>3/13/58</u> and last saw <u>him</u> alive on <u>3/12/58</u> Death occurred at <u>7:45</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u> | | | | 22b. ADDRESS <u>MD Poplar Bluff, Mo.</u> | | 22c. DATE SIGNED <u>3/17/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>3-15-58</u> | 23c. NAME OF CEMETERY OR CREMATORY | | | 23d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Greer Croy & Fitch, Poplar Bluff,</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Mo. 3/17/58</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 0
-56
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. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

MAR 24 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

APR 1 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 *Ray J Adams*
Licensed Embalmer No. 49

P. O. Address *Poplar Bluff*

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.