

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017070
STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 25

300
1-57

668

1. PLACE OF DEATH a. COUNTY <u>Taney</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Taney</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Branson</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hopt.</u>		Length of stay in lb <u>10 days</u>	d. STREET ADDRESS (If outside, give location) <u>411 N. Canal ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clara Fern Stewart</u>			4. DATE OF DEATH Month Day Year <u>4-8-58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</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>12-29-1908</u>		9. AGE (In years last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life/ even if retired) <u>House wife and Resort operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lacrosse Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>R.J. Talbott</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Ruth McCaslin</u>	
14. NAME OF HUSBAND OR WIFE <u>J.A. Stewart</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>45192-4227</u>	
17. INFORMANT <u>J.A. Stewart</u>		Address <u>Branson 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>Carcinoma of Liver</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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 <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>Branson Mo.</u>		20f. COUNTY STATE	
21. I attended the deceased from <u>aug-1957</u> to <u>april 8-1958</u> and last saw her alive on <u>4-8-58</u> Death occurred at <u>1:10 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joe D Bennett M.D.</u>			22b. ADDRESS <u>Branson Mo.</u>		22c. DATE SIGNED <u>4-8-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-10-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reunion Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Arkansas City Kansas.</u>
24. FUNERAL DIRECTOR <u>Whelchel F Home</u>		ADDRESS <u>Branson Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Heber Campbell</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 15 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 *Minnie L. Welch*

Licensed Embalmer No. *2277*
P. O. Address *Drummond*

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.