

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022857  
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 278 Primary Registration District No. 2953 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Louisiana</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Louisiana</u>		Length of stay in 1b. <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>0821 Riverfront</u>
3. NAME OF DECEASED (Type or print) First <u>Plenney</u> Middle <u>Stewart</u> Last <u>Stewart</u>			4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>April 10, 1877</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and state or country) <u>Louisiana Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Christopher Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Kling</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (last or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Mrs Pearl Musick</u> Address <u>Col. Springs Col.</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>Disssecting Aneurism</u> <u>Luetic Aortitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>083X</u> DUE TO (c) <u>083X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</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 <u>a.m.</u> Month, Day, Year <u>p.m.</u>			
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		COUNTY	STATE
21. I attended the deceased from <u>November 1956</u> to <u>May 1958</u> and last saw <u>him</u> alive on <u>May 31, 1958</u> Death occurred at <u>6:20 PM</u> <u>4:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. Joe Martin, M.D.</u>		22b. ADDRESS <u>Louisiana, Mo.</u>	
22c. DATE SIGNED <u>6-29-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 23, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>River View</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana Mo.</u>
24. FUNERAL DIRECTOR <u>Stemle Funeral Home, Louisiana Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/24/58</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.  
 Every entry in Part I must be causally related.

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 *J. B. Stone* .....

Licensed Embalmer No. *4039* .....

P. O. Address *Louisiana* .....

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.