

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024585

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

309

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia <i>11050</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Hospital		d. STREET ADDRESS (If outside, give location) 1001 Grand	
3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN STEWART		4. DATE OF DEATH Month Day Year July 11, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 8, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Woodford County, Ky.
13a. FATHER'S NAME William H. Payton		13b. MOTHER'S MAIDEN NAME Evaleen Hern	14. NAME OF HUSBAND OR WIFE James Stewart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. R.M. Baker, Fulton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Extreme Obesity			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 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 COUNTY STATE
21. I attended the deceased from Death occurred at 7:30 PM July 11, 1958 to 8:45 PM and last saw her/him alive on 8 PM July 11			
22a. SIGNATURE (Degree or title) Horace E. Palmer M.D.		22b. ADDRESS Columbia, Mo	22c. DATE SIGNED July 13, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Millersburg Cemetery	23d. LOCATION (City, town, or county) (State) Callaway County, Missouri
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. July 13, 1958	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

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.

MAY 29 1959

FEB 16 1959

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 *George A. Kirby*

Licensed Embalmer No. *4952*

P. O. Address *Columbia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.