

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025036

FILED JUL 21 1958

Registration District No. 98 Primary Registration District No. 5368 Registrar's No. 66

319  
S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Davies</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Davies</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Coffey</b>		c. CITY OR TOWN <b>Coffey</b> <b>0310</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>--</b>		d. STREET ADDRESS (If outside, give location) <b>-</b>	
Length of stay in lb <b>68 Years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Benjamin Franklin Stewart</b>			4. DATE OF DEATH Month Day Year <b>July 13, 1958</b>
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 15, 1875</b>
9. AGE (In years last birthday) <b>83</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Land-Owner</b>	11. BIRTHPLACE (City and state or country) <b>McFall, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Charles Stewart</b>	
13b. MOTHER'S MAIDEN NAME <b>Rachael Stephenson</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Foster</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-42-4945</b>	17. INFORMANT Address <b>Mrs. Carrie Stewart, Coffey, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Longestor heart failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4341</b>
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 <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	COUNTY	STATE
21. I attended the deceased from <b>7:00 A.M.</b> to <b>7:00 A.M.</b> and last saw her alive on _____ Death occurred at <b>7:00 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>P. S. Baumgardner, M.D. Coroner</b>		22b. ADDRESS <b>Pattonsburg, Mo</b>	22c. DATE SIGNED <b>7/13/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Coffey Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Coffey, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Louis Quest, Pattonburg, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Hugh W. Mangels</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Louis Zwert* .....

Licensed Embalmer No. *4096* .....

P. O. Address *Pallonsburg, T.*

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.