

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-833608

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 29

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY OR TOWN <u>PORTAGE TWP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>PORTAGEVILLE</u> 0720 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROUTE #3</u> Length of stay in 1b		d. STREET ADDRESS <u>ROUTE #3</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM BUCHNER STEWART</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 26, 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>OCT. 11, 1902</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>NEW MADRID CO. MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALLIE STEWART</u>	
13b. MOTHER'S MAIDEN NAME <u>AMELIA KEITH</u>		14. NAME OF HUSBAND OR WIFE <u>HOUSE STEWART</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-10-6200</u>	17. INFORMANT Address <u>Mrs. BUCKNER STEWART PORTAGEVILLE 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>mening</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic poisoning from arsenic</u> DUE TO (c) <u>592X</u>			INTERVAL BETWEEN ONSET OF DEATH <u>2 days</u>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>Aug 1956</u> and last saw him alive on <u>26 Sept 58</u> . Death occurred at <u>26 Sept 58</u> on the <u>26</u> day, stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>K. S. Smith M.D.</u>		22b. ADDRESS <u>Portageville, Mo.</u>	22c. DATE SIGNED <u>27 Sept 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>DELISH FUNERAL PARLOR PORTAGEVILLE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-58</u>	26. REGISTRAR'S SIGNATURE <u>Ellen K. Lisle Milam</u>

OCT 8 1958

DATE RECEIVED OCT 1 1958
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Joseph A. DeLoach
Licensed Embalmer No. 4481
P. O. Address PORTAGEVILLE, M.

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.