Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037062
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 246

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chillicothe Hospital — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN 0170 Bosworth, RFD — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 5 M. S/W — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First DWANE Middle WILLIAM Last STEWART

4. DATE OF DEATH Month November Day 1 Year 1958

5. SEX M 0

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH Nov.20th,1940

9. AGE (In years last birthday) 17 — IF UNDER 1 YEAR: Months 11 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Banner Candy Co.

10b. KIND OF BUSINESS OR INDUSTRY Carrollton, Mo

11. BIRTHPLACE (City and state or country) Salem, Oregan. 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Merle A.Stewart.

13b. MOTHER'S MAIDEN NAME Doris Irick

14. NAME OF HUSBAND OR WIFE none Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Address Merle A.Stewart Bosworth, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Retroperitoned Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Trauma from auto accident
DUE TO (c)
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 [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident

20c. TIME OF INJURY Hour 8:30 a.m. p.m. Month, Day, Year Oct.30,1958

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Auto accident 3/4 mile S.Bosworth,

20f. CITY, TOWN, OR LOCATION 017 Bosworth COUNTY Carroll STATE Missouri

21. I attended the deceased from 10-30-58, to 11-1-58 and last saw ~~her~~ him alive on 11-1-58
Death occurred at 4:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph F. Gale (Degree or title) M.D. 0

22b. ADDRESS Chillicothe Mo.

22c. DATE SIGNED 11/3/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov.3,1958

23c. NAME OF CEMETERY OR CREMATORY Wharton Cemetery

23d. LOCATION (City, town, or county) (State) Bosworth, Missouri,

24. FUNERAL DIRECTOR Clifford W.Austin ADDRESS Tina, Missouri

25. DATE RECD. BY LOCAL REG. 10/3/58

26. REGISTRAR'S SIGNATURE Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

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.

APR 10 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 Clifford W. Austin
Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.