

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020423

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 26

V. S. 300
Rev. 1-57

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway | |
| b. CITY OR TOWN Centralia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN New Bloomfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Helen Nursing Home Length of stay in lb 4 MO | | d. STREET ADDRESS (If outside, give location) 014 6 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Wester A. Stewart | | | 4. DATE OF DEATH Month Day Year June 26 59 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN 15 - 1886 |
| 9. AGE (In years last birthday) 73 | | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Callaway Co MO | 11. BIRTHPLACE (City and state or country) Callaway Co MO |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Richard Stewart | |
| 13b. MOTHER'S MAIDEN NAME CARRIE GRIFFIN | | 14. NAME OF HUSBAND OR WIFE | |
| 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 Mrs J. L. Bratt Address New Bloomfield | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral artery Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) 332X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease with decompensation | | 19. WAS AUTOPSY PERFORMED? 2 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 2/20/59 to 6/26/59 and last saw her alive on June 22, 1959 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Ed L Wood MD (Degree or title) | | 22b. ADDRESS Centralia | |
| 22c. DATE SIGNED 7/1/59 | | 23c. NAME OF CEMETERY OR CREMATORY Hope Well Ceme | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23d. LOCATION (City, town, or county) (State) New Bloomfield MO | |
| 24. FUNERAL DIRECTOR Claypool G & A ADDRESS New Bloomfield | | 25. DATE RECD. BY LOCAL REG. July 2 - 1959 | |
| 26. REGISTRAR'S SIGNATURE Maud Mc Bride | | | |

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

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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 *Libby Claypool*

Licensed Embalmer No. *4412*

P. O. Address *New Bloomfield*

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.