

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022132
STATE FILE NUMBER

FILED JUL 15 1959

Registration District No. 195 Primary Registration District No. Registrar's No. 58-59

S. 300
ev. 1-57

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Mo b. COUNTY McDonald	
b. CITY OR TOWN HANAGAN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JANE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1		Length of stay in lb 2 YR	d. STREET ADDRESS (If outside, give location) 060 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last THOMAS PAYHO STEWART			4. DATE OF DEATH Month Day Year 6-26-1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-16-1871
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Day	IF 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 INDUSTRY	11. BIRTHPLACE (City and state or country) KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME W^M ISENTON STEWART	13b. MOTHER'S MAIDEN NAME JULIAN AMERICHE
14. NAME OF HUSBAND OR WIFE L		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Co. Welfare Records Pineville, 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) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility 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 <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 Jan. 1959 to 6/26/59 and last saw him alive on 6/20/59 Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Subirvel do. (Degree or title) 2		22b. ADDRESS Pineville Mo	
22c. DATE SIGNED 7/6/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-28-59		23c. NAME OF CEMETERY OR CREMATORY WHITE ROCK CEM	
23d. LOCATION (City, town, or county) JANE Mo		(State)	
24. FUNERAL DIRECTOR Humphrey & David Hou ADDRESS Humphreys		25. DATE RECD. BY LOCAL REG. 7-9-59	
26. REGISTRAR'S SIGNATURE Mary A. Parrelly			

510

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 *Mayra E. Humphrey*
Licensed Embalmer No. *4262*
P. O. Address *Pineville, N.C.*

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.