

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031472

DEED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 459

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>22 days</u>	c. CITY OR TOWN <u>Bolivar</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Ellis Fischel State</u> INSTITUTION <u>Cancer Hospital.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rte. 3</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ellen Ora Stewart</u>			4. DATE OF DEATH Month Day Year <u>Sept 27 1959</u>
5. SEX <u>Female</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>Feb 2 - 1907</u>
9. AGE (last birthday) <u>52</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Polk Co. mo</u>	11. BIRTHPLACE (City and state or country) <u>usa</u>
12. CITIZEN OF WHAT COUNTRY <u>usa</u>		13a. FATHER'S NAME <u>I. A. Neal</u>	
13b. MOTHER'S MAIDEN NAME <u>Stella Roxton</u>		14. NAME OF HUSBAND OR WIFE <u>Ben 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>494-18-6410</u>	17. INFORMANT <u>EFSC Hosp. records, Columbia, mo</u> Address

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>Peritonitis 2 to necrosis of colostomy</u> DUE TO (b) <u>post-op. status pelvic exenteration</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma endometrium</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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 <u>Bolivar</u>		COUNTY <u>Mo</u>
21. I attended the deceased from <u>9-4-59</u> to <u>9-29-59</u> and last saw her/him alive on <u>9-26-59 11:30 PM</u> Death occurred at <u>2:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>F. Gary Biringer, MD</u>		22b. ADDRESS <u>Columbia Mo</u>
22c. DATE SIGNED <u>9/27/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>9-27-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bolivar</u>
23d. LOCATION (City, town, or county) <u>Mo</u>		
24. FUNERAL DIRECTOR <u>Parkers Funeral Service Columbia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 27 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia

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.