

FILED VS DEC 8 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-038852

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in lb 40 yrs	d. STREET (If outside, give location) ADDRESS 304 W-6th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WARREN LERCHANT STEWART			4. DATE OF DEATH Month Day Year Nov 29 1959		
5. SEX M o	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 28 1879	9. AGE (In years last birthday) 80	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) RR Section laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Seybert, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Andy Stewart		13b. MOTHER'S MAIDEN NAME Lottie Hubert	
14. NAME OF HUSBAND OR WIFE Mrs. Ynetia Hayes, Lamar, Missouri		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.	
17. INFORMANT Mrs. Ynetia Hayes, Lamar, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> DUE TO (b) <i>Coronary Artery Disease</i> DUE TO (c) <i>4201</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute Bronchitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 HRS</i>	
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 <i>Dec. 1948</i> to <i>Nov. 29 '59</i> and last saw her alive on <i>Nov. 29 '59</i> Death occurred at <i>3:00</i> a. m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <i>Herbert M. Arnold M.D.</i>	
22b. ADDRESS <i>Lamar, Missouri</i>		22c. DATE SIGNED <i>11-30-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
23b. DATE <i>Dec 1 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>High</i>		23d. LOCATION (City, town, or country) (State) <i>Barton County, Missouri</i>	
24. FUNERAL DIRECTOR <i>Konantz Funeral Home, Lamar, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>11-30-1959</i>		26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>	

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

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

Licensed Embalmer No.....

P. O. Address.....

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.