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MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960 042

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1303

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

UNRECORDED

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb Life	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 8, Seitz Addition	
3. NAME OF DECEASED (Type or print) First SHARON Middle KAY Last STEWART			4. DATE OF DEATH Month December Day 26 , Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1942 17	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lloyd Marreott		13b. MOTHER'S MAIDEN NAME Lorraine Marriott		14. NAME OF HUSBAND OR WIFE Larry Leon Stewart	
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.		17. INFORMANT Lloyd Marriott, Rt. # 8, St. Joseph	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Traumatic shock	INTERVAL BETWEEN ONSET AND DEATH at once
DUE TO (b) compound fractures both femora	at once
DUE TO (c) compound fracture left humerus	at once
DUE TO (c) Auto (one car) crash	at once

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Speeding (lost control)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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

20c. TIME OF INJURY
Hour **3** o.m. **PM** Month, Day, Year **Dec 26 59**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highways

20f. CITY, TOWN, OR LOCATION
St Joseph Buchanan MO

21. I attended the deceased from **at well body** and last saw her **Dec 26 59**
Death occurred at **9 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
S.E. Melaney, M.D.

22b. ADDRESS
214 Kent Patrick St Joseph MO

22c. DATE SIGNED
Dec 26 59

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

23b. DATE
12-28-1959

23c. NAME OF CEMETERY OR CREMATORY
Odd Fellows Public

23d. LOCATION (City, town, or county)
St. Joseph, Mo.

24. FUNERAL DIRECTOR
John Rupp

25. DATE RECD. BY LOCAL REG.
Dec. 27, 1959

26. REGISTRAR'S SIGNATURE
John Clark Handell

DOCUMENT

S.E. Melaney, M.D. HOSPITAL 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 me

~~Or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.