

**URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 5 1 5 3

FILED VS JAN - 5 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 500

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Bonne Terre, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Bonne Terre, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Wallace</u> Last <u>Stewart</u>				4. DATE OF DEATH Month <u>December</u> Day <u>27</u> Year <u>1959</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/2/1877</u>		9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u> Hours <u>11</u> Min.		IF UNDER 24 HR Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>											
13a. FATHER'S NAME <u>William Stewart</u>				13b. MOTHER'S MAIDEN NAME <u>Eliza Pyatt</u>				14. NAME OF HUSBAND OR WIFE <u>Ida Belle Stewart</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>499-03-5928</u>		17. INFORMANT Address <u>Mrs. Frank Luther, Bonne TERRE, MO.</u>													
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>Bleeding idiopathic esophageal varices</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General arteriosclerosis</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <u>11:15</u> Month, Day, Year <u>March 1958</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bonne Terre, Mo.</u>		COUNTY <u>Missouri</u>		STATE	
21. I attended the deceased from <u>March 1958</u> to <u>Dec 27, 1959</u> and last saw him alive on <u>Dec. 27, 1959</u> Death occurred at <u>11:15</u> <u>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>Marvin J. Law, J. M.D.</u>		22b. ADDRESS <u>Bonne Terre, Mo.</u>				22c. DATE SIGNED <u>12/29/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/30/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Missouri</u>											
24. FUNERAL DIRECTOR <u>Sparks Funeral Home Bonne Terre, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec. 29, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>											

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

JAN 6

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 Burnett Sparks

Licensed Embalmer No. 24287

P. O. Address Boone Lane

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.