

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011850

FILED VS APR 5 1960 218

Registration District No. 5789 Primary Registration District No. Registrar's No. 10

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>MISSI.</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>MISSI.</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>ANNISTON, MO.</b>		Length of stay in 1b <b>5yrs.</b>	c. CITY OR TOWN <b>ANNISTON, MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>GEN. DEL.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOBE</b> Middle <b>MEAKLEY</b> Last <b>STEWART</b>			4. DATE OF DEATH Month <b>3</b> Day <b>18-60</b> Year	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-6-1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and state or country) <b>GAINSBORO, TENN.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>MARION STEWART</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>FLORENCE REBECCA STEWART</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>VESTER STEWART ANNISTON, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hearted Cortic Artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Cortic Artery</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **October 6, 1959**, to **Feb. 15, 1960** and last saw him alive on **February 15, 1960**  
Death occurred at **March 18, 1960** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>Charleston Mo</b>	22c. DATE SIGNED <b>3/24/60</b> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-20-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>	23d. LOCATION (City, town, or county) <b>CHARLESTON, MO</b>
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24. FUNERAL DIRECTOR ADDRESS <b>SHELBY FUNERAL HOME E.PRAIRIE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>3-28-60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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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 James W. Shelby

Licensed Embalmer No. 275

P. O. Address East Pearl

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.