

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019842

FILED JUN 3 1960 156

Primary Registration District No. 2001 Registrar's No. 257

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 2 WEEKS	c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1214 BROADWAY	
3. NAME OF DECEASED (Type or print) First STERLING Middle IVON Last STEWART			4. DATE OF DEATH Month MAY Day 19 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LUMBERMAN		10b. KIND OF BUSINESS OR INDUSTRY LUMBER	11. BIRTHPLACE (City and state or country) MIAMI COUNTY, Ks.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE STEWART		13b. MOTHER'S MAIDEN NAME MARTHA J. NELSON		14. NAME OF HUSBAND OR WIFE ---	
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. UNK	17. INFORMANT DAU- MRS. DORRIS HUNDLEY, CHICAGO, ILL.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Aplastic Anemia					July, 1958
DUE TO (b) Diabetes Mellitus					1957
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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.)	
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		COUNTY _____ STATE _____
21. I attended the deceased from 3-8-45 to 5-19-60 and last saw ^{her} him alive on 5-19-60 Death occurred at 9:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) <i>[Signature]</i>			22b. ADDRESS 321 Frisco Building, Joplin, Mo.		22c. DATE SIGNED 5-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-22-60	23c. NAME OF CEMETERY OR CREMATORY DREXEL CEMETERY,	23d. LOCATION (City, town, or county) DREXEL, MISSOURI		(State)
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 5-22-1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

SEP 8 1961

STATEMENT BY LICENSED EMBALMER

JUN 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo

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.