URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031561

FILED VS AUG 23 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 284

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b 2yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1846 S. Beacon — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1846 S. Beacon — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EMMETT Middle S. Last STEWART

4. DATE OF DEATH Month Aug. Day 15, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/9/1878

9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Johnson County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Benjamin F. Stewart

13b. MOTHER'S MAIDEN NAME Angeline Craig

14. NAME OF HUSBAND OR WIFE Annie P. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Ernest Biggs, Rt. 2, Sedalia, Mo.

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) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive heart disease —

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I ~~attended~~ VIEWED the deceased ~~from~~ as Corner, to ~~and last saw~~ her/him ~~alive~~ on

Death occurred between 9:00 and 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas Gordon Haeuffacher MD

22b. ADDRESS Coronary Pettis Co

22c. DATE SIGNED 8-15-60

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

23b. DATE 8/17/1960

23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery

23d. LOCATION (City, town, or county) (State) Sedalia, Mo.

24. FUNERAL DIRECTOR ADDRESS D. W. Heckart, Gillespie Funeral Home Sedalia, Mo.

25. DATE RECD. BY LOCAL REG. 8/16/1960

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

SEP 15 1960

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_____ Signed D W Reichart

Signature of Student Embalmer

Licensed Embalmer No. 3470

P. O. Address Sedalia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.