

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 20 1960

-60-037177

STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Castor tw.</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Bloomfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>family home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>ELLEN</b> Last <b>STEWART</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>8,</b> Year <b>1960</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Infant</b>	8. DATE OF BIRTH <b>9-4-60</b>	9. AGE (last birthday) <b>---</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Dexter, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Leon Marvin Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Sue Ann Hazel</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT Address <b>M.L. Stewart, Bloomfield, Mo. R# 2</b>		
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>Asphyxiation</b> DUE TO (b) <b>Pneumonia</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 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 <b>Sept. 4, 1960</b> to <b>Sept. 8, 1960</b> and last saw <sup>her</sup> alive on <b>Sept. 8, 1960</b> Death occurred at <b>3:00 a. m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dress or title) <i>Benjamin D. Lewis Do</i>			22b. ADDRESS <b>Dexter, Missouri</b>		22c. DATE SIGNED <b>9/9/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 9-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gravel Hill cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard county, Missouri</b>		
24. FUNERAL DIRECTOR <b>CHILES UND. CO., BLOOMFIELD, MO.</b>		ADDRESS <b>9-15-1960</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>	

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 **No Embalming** \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.