

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037903

FILED VS NOV 1 1960

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Primary Registration District No. 3018

Registrar's No. 86

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Dent</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Salem</b>		Length of stay in 1b <b>2 weeks</b>		c. CITY OR TOWN <b>Gladden</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>706 N. Washington</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Near Gladden P.O.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>NEAL</b> Middle <b>FOUNTAIN</b> Last <b>STEWART</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>27</b> Year <b>1960</b>									
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>6/22/92</b>		9. AGE (last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rural Mail Carrier</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>U.S.P.O. Dept.</b>		11. BIRTHPLACE (City and state or country) <b>Dent County, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Henry Stewart</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Daugherty</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>							
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>499-12-0959</b>		17. INFORMANT <b>Raymond Stewart Licking Route</b> Address <b>Salem, Mo.</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>Acute Coronary Occlusion</b>										INTERVAL BETWEEN ONSET AND DEATH <b>?</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ 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 checked="" 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>10/24/57</b> to <b>10/24/57</b> and last saw her/him alive on <b>10/11/60</b> Death occurred at <b>4:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Max L. Wray</i> (Degree or title)				22b. ADDRESS <b>Salem Missouri</b>				22c. DATE SIGNED <b>10/29/60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/30/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Empire Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Dent County Missouri</b>							
24. FUNERAL DIRECTOR <b>Max L. Wray</b> ADDRESS <b>Salem, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10/29/60</b>		26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D.</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 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 James E. Kurtright, Student Embalmer No. 61

working under my personal supervision.

Student James E. Kurtright  
Signature of Student Embalmer

Signed Max R. Warfel

Licensed Embalmer No. 4170

P. O. Address Salmon, M

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.