MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

61-000026
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 2

ITEM NUMBER — AMENDED — DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Kirksville Osteopathic — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 502 South Sixth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Flora — Middle: Ericson — Last: Stewart

4. DATE OF DEATH: Month: January — Day: 4, — Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-9-1890
9. AGE (last birthday): 70 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Oscar Ericson
13b. MOTHER'S MAIDEN NAME: Fannie Sutton Ericson
14. NAME OF HUSBAND OR WIFE: Oddy E. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles W. Paris — Address: Novinger, Mo.

MEDICAL CERTIFICATION

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)	Myocardial Infarction	14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	14 days
DUE TO (c)	Arteriosclerosis	Unknown

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. ☐ 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 the deceased from 12-21-60, to 1/4/61 and last saw her alive on 1/3/61
Death occurred at 5:54 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Bertmann D.O. (Degree or title)
22b. ADDRESS: Kirksville Mo.
22c. DATE SIGNED: 1/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: January 6, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mulberry
23d. LOCATION (City, town, or county) (State): Adair County, Mo.

24. FUNERAL DIRECTOR: Dee Riley Funeral Home Inc. — ADDRESS: 415 N. Franklin, Kirksville, Mo.
W.K. Jackson Pres
25. DATE RECD. BY LOCAL REG.: Jan 5 1961
26. REGISTRAR'S SIGNATURE: Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

ED BESTMANN, D.O.

STATEMENT BY LICENSED EMBALMER

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. 618

working under my personal supervision.

Student Larry K. Jackson
Signature of Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Kuhnville Me

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.