

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009849

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 297

STATE FILE NUMBER

AMENDED

FILED MAR 21 1961

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>California</u>                |  | Length of stay in lb<br><u>5 Days</u>   | c. CITY OR TOWN <u>California</u> Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Latham Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>6 1/2 mi. N. California</u><br><u>Route # 2 - County Rd 0</u> Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED<br>(Type or print) <u>ADELLA STEWART</u> |  |  | 4. DATE OF DEATH<br>Month <u>February</u> Day <u>20</u> Year <u>1961</u> |  |  |
|--|--|--|--|--|--|

|                         |                                  |   |                                       |                                     |  |  |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-16-1878</u> | 9. AGE (last birthday)<br><u>87</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Teacher</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Rural Schools</u> | 11. BIRTHPLACE (City and state or country)<br><u>Bunceton, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>James Stewart</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Douglass</u> | 14. NAME OF HUSBAND OR WIFE<br><u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br>Address<br><u>Charles Stewart, California, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))                   |                                    | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY:   |                                    |                                  |
| IMMEDIATE CAUSE (a)  | <u>Cerebral Thrombosis</u>         | <u>5 days</u>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerosis</u> | <u>1 + yr.</u>                   |
|  | DUE TO (c)                         |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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<br><u>California, Moniteau Mo</u> |
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| 21. I attended the deceased from <u>Feb 15</u> to <u>Feb 20</u> and last saw her <u>alive on Feb 20</u><br>Death occurred at <u>8 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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|                                       |                                       |                                    |
|---------------------------------------|---------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>RBS Julia MD</u> | 22b. ADDRESS<br><u>California, Mo</u> | 22c. DATE SIGNED<br><u>2-21-61</u> |
|---------------------------------------|---------------------------------------|------------------------------------|

|  |                               |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>2-22-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New Zion Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Cooper County, Mo.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Hugh E. Williams, California, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2/23/61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Helene Papey</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Russell C. Maa*

Licensed Embalmer No.

*4809*

P. O. Address

*California*

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.