

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-031887

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4044 Registrar's No. 40

FILED SEP 26 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sturgeon		Length of stay in 1b Life	c. CITY OR TOWN Sturgeon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Eva Last Stewart			4. DATE OF DEATH Month Sept Day 20 Year 1961
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	9. AGE (last birthday) 79 IF UNDER 1 YEAR: Months 3 Days 3 Hours Min.
11. BIRTHPLACE (City and state or country) Sturgeon, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dr. J.F.Keith		13b. MOTHER'S MAIDEN NAME Dora Turner	14. NAME OF HUSBAND OR WIFE E.S.Stewart(deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Howard N.Keith, Baxter Springs, Kas Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Sev. mo
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 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 Coroner's Case and last saw her/him alive on _____
Death occurred at ca 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E Johnson, MD (Doctor or title)	22b. ADDRESS Columbia, Mo	22c. DATE SIGNED 9-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/23/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah
24. FUNERAL DIRECTOR Bill De Mader Sturgeon ADDRESS	25. DATE RECD. BY LOCAL REG. Mo. Sept 23, 1961	26. REGISTRAR'S SIGNATURE Maud M. S. Bride Mo.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 26 1961

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 B. J. Meador

Licensed Embalmer No. 4876
P. O. Address Sturgeon, Miss

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.