

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001251
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 106

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED FEB 5 1962		
1. PLACE OF DEATH		
a. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		
Length of stay in lb <u>8 days</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>		
c. CITY OR TOWN <u>Chestnut Ridge</u>		
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) <u>1 Mile Southeast</u>		
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		
First <u>Jewell</u> Middle <u>Laura</u> Last <u>Stewart</u>		
4. DATE OF DEATH		
Month <u>January</u> Day <u>18</u> Year <u>1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>8/29/1900</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>
11. BIRTHPLACE (City and state or country) <u>Cartersville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Rouden</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Mieswinkel</u>
14. NAME OF HUSBAND OR WIFE <u>Matt J. Stewart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Mr. Matt J. Stewart, Chestnut Ridge, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Ren Chronic Pyelonephritis</u>		<u>1 yr</u>
DUE TO (b) <u>nephrolithiasis</u>		<u>14 yrs</u>
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.
<u>abscess, Pharyngeal</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <u>10 Jan 62</u> to <u>18 Jan 62</u> and last saw <u>her</u> <u>him</u> alive on <u>18 Jan 62</u>		
Death occurred at <u>5:50</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>J. C. Callaway</u>		22b. ADDRESS <u>J. M. O. Springfield, Mo</u>
22c. DATE SIGNED <u>24 Jan 62</u>		
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/23/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spokane Cemetery</u>
23d. LOCATION (City, town, or county) <u>Spokane, Missouri</u>		
24. FUNERAL DIRECTOR <u>J. Alan Harris</u> ADDRESS <u>Clever, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-29-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

MAR 29 1962

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 _____
J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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.