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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 5096 Registrar's No. 150

FILED AUG 14 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY **Bates**

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  
a. STATE **Mo** b. COUNTY **Bates**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Mt Pleasant 1<sup>st</sup> wp.** Length of stay in 1b **1 yr.**

c. CITY OR TOWN **Butler** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Pine Tree Rest Home** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **616 W Dakota** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Louis** Middle **Albert** Last **Stewart** 4. DATE OF DEATH Month **Aug** Day **7** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **10/3/1882** 9. AGE (last birthday) **79** IF UNDER 1 YEAR Months **7** Days **0** IF UNDER 24 HR Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired cook** 10b. KIND OF BUSINESS OR INDUSTRY **Bates Co Mo.** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Chas Stewart** 13b. MOTHER'S MAIDEN NAME **Elizabeth Rogers** 14. NAME OF HUSBAND OR WIFE **Lulu Stewart**

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 Address **Mrs Pauline Turpin, Butler Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Acute ventricular fibrillation** INTERVAL BETWEEN ONSET AND DEATH **30 min.**  
DUE TO (b) **advanced potassium retention** **4 weeks**  
DUE TO (c) **uremia, chronic nephritis** **4 yrs.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **lobar pneumonia June, '62; arteriosclerosis, cerebral.** 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 **8:20** a.m. **8:20** 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.) **Oakhill** 20f. CITY, TOWN, OR LOCATION **Butler Missouri** COUNTY **Butler Mo.** STATE

21. I attended the deceased from **April 1940** to **Aug. 7 '62** and last saw <sup>him</sup> alive on **Aug. 7 - 62**  
Death occurred at **8:20 A.m** of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **L. S. Laffner, M.D.** 22b. ADDRESS **Butler Missouri** 22c. DATE SIGNED **8/8/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8/9/62** 23c. NAME OF CEMETERY OR CREMATORY **Oakhill** 23d. LOCATION (City, town, or county) (State) **Butler Mo.**

24. FUNERAL DIRECTOR ADDRESS **Culver Underwood, Butler Mo.** 25. DATE RECD. BY LOCAL REG. **8-8-1962** 26. REGISTRAR'S SIGNATURE **Norma Jean Wilson**

USE BLACK INK OR TYPEWRITER RIBBON

23 B

**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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.