

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043777
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 4022 Registrar's No. 139

FILED NOV 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond township</u> | | c. CITY OR TOWN <u>Hardin</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>Hiway #10 West</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>VERNON</u> Last <u>STUART</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> Year <u>1962</u> |
| 5. SEX <u>Male</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>6/28/1900</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist & welder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u> | 11. BIRTHPLACE (City and state or country) <u>Richmond, Mo.</u> |
| 13a. FATHER'S NAME <u>Frank D. Stuart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Blanche M. James</u> | 14. NAME OF HUSBAND OR WIFE <u>Myrtle A. Norris Stuart</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>491-22-1929</u> | 17. INFORMANT Address <u>Mrs. Myrtle Stuart, Hardin, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <u>4-10-62</u> to <u>11-17-62</u> and last saw him alive on <u>11-16-62</u> Death occurred at <u>11:45 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Thomas B. Cook, M.D.</u> | | 22b. ADDRESS <u>Richmond, Mo.</u> | 22c. DATE SIGNED <u>11/19/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 20, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Richmond, Memory Gardens</u> | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-23-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Malul Jackson</u> |

