

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1949

State File No. 22466

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REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre Township</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. East of Farber</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Willie</u> b. (Middle) <u>Robert</u> c. (Last) <u>Stuart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7-1893</u>
9. AGE (In years last birthday) <u>56</u>		if UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>L. B. Stuart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Novey</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Mae Brabant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eva Mae Stuart-Farber, Mo</u>
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fractured Vertebra</u>	
		DUE TO (c) <u>Compression, 8th Dorsal</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuivre Audrain Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 5 1949 5PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell From Ladder</u>	
22. I hereby certify that I attended the deceased from <u>July 5, 1949</u> , to <u>July 22, 1949</u> , that I last saw the deceased alive on <u>July 22, 1949</u> , and that death occurred at <u>5:50 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. P. Baize</u> (Degree or title)		23b. ADDRESS <u>Ladonia Mo</u>	23c. DATE SIGNED <u>7-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ladonia Mo</u>
DATE REC'D BY LOCAL REG. <u>July 30 1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. Hilbey Ladonia, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 8 1949
District Health Officer No.
District File Number 8-49-1
Date Filed AUG-8-1949

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 _____

John E. Maxwell Student Embalmer No. 252
working under my personal supervision.

Student John E. Maxwell
Student Embalmer

Signed Clyde C. Wilsey
Licensed Embalmer No. 3820

P. O. Address Peary, 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 this body is not embalmed, fact should be so stated above.