

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21806

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4500</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <b>Shelby county</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>			
b. CITY, OR TOWN <b>Leonard</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>Leonard</b>		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>X</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>STUART</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-17-1951</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7-8-1957</b>	
9. AGE (In years last birthday) <b>93</b>		10. UNDER 1 YEAR Months <b>11</b>		11. UNDER 24 HOURS Days <b>9</b>		9. AGE (In years last birthday) / 10. UNDER 1 YEAR / 11. UNDER 24 HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Joseph M. Stuart</b>			13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Sidney Stuart</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sidney Stuart, Leonard, Mo.</b>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Consecutive heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Myocarditis of right heart.</b>  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  <b>unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4222</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1948, to <u>6-17</u> , 1957, that I last saw the deceased alive on <u>6-17</u> , 1957, and that death occurred at <u>12:20 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>A. D. Wright, D.O.</b>			23b. ADDRESS <b>Leonard Mo</b>		23c. DATE SIGNED <b>6/20/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-19-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Leonard Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Leonard ? Mo.</b>		
DATE REC'D BY LOCAL REG. <b>6-24-51</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Barkeley-Hawkins, Shelbina, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-1198  
Date Filed: JUL 3 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*W. H. Harris*

Licensed Embalmer No. 3498

P. O. Address *Shelburne - VT*

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.