

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39585

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 246	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mexico</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Mexico</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>14 Wonneman Circle</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John L.</b> b. (Middle) <b>Leslie</b> c. (Last) <b>Stuart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 18, 1955</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>Jan 26, 1920</b>	
9. AGE (In years last birthday) <b>35</b>		IF UNDER 1 YEAR Months <b>35</b> Days		IF UNDER 24 HRS. Hours <b>35</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Darling &amp; Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Paris, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Shive Stuart</b>			13b. MOTHER'S MAIDEN NAME <b>Ruby Webb</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Loree Spencer Stuart</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> (If yes, give way or date of service) <b>WW II</b>		16. SOCIAL SECURITY NO. <b>497-30-7962</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. L. Stuart</b> ADDRESS <b>Mexico, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkins Disease</b> ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>201X</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <b>1950</b> , to <b>12-18, 1955</b> , that I last saw the deceased alive on <b>12-18, 1955</b> and that death occurred at <b>4:15 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>Mexico Mo</b>		23c. DATE SIGNED <b>Dec 19, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-20-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 19-1955</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home, Mexico, Mo</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1953

**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 *Richard G. McDonald*.....

Licensed Embalmer No. *48*.....

P. O. Address *Springfield*.....

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.