

FILED MAR 30 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **10140**BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY PIKE	
b. CITY OR TOWN LOUISIANA, MO	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Bowling Green	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE CO. NO HOSPITAL		e. STREET ADDRESS (If rural, give location) 0825	

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) MELOR c. (Last) STUART	4. DATE OF DEATH (Month) (Day) (Year) MAR 15 1956							
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH OCT 15 1901	9. AGE (In years, last birthday) Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES E STEWART	13b. MOTHER'S MAIDEN NAME MARY E WAGGONER	14. NAME OF HUSBAND OR WIFE BENJAMIN STUART
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME EVAN STUART, BOWLING GREEN MO

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis & Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 34 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) + Pneumonia Rt. & pleural effusion		
	DUE TO (c) Diabetes Mellitus		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-14, 1956**, to **3-15, 1956**, that I last saw the deceased alive on **3-15, 1956**, and that death occurred at **12:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Chas H. Lullien	(Degree or title) M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 3-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 18, '56	24c. NAME OF CEMETERY OR CREMATORY KILBY	24d. LOCATION (City, town, or county) (State) PIKE COUNTY MO
DATE REC'D BY LOCAL REG. Mar 23 1956	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead ADDRESS Bowling Green, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold C. King*.....

Licensed Embalmer No. *4*

P. O. Address *Bowling*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.