

FILED JUL 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. **22715**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 134

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 township) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>R. F. D. 1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Edgar</b>	a. (First)	b. (Middle)	c. (Last) <b>Stuart</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 10 1956</b>
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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>Feb. 25, 1875</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James T. Stuart</b>	13b. MOTHER'S MAIDEN NAME <b>Laura A. Kemp</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Ethel Stuart</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>495-36-2683A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel Stuart</b>	ADDRESS <b>Mexico, Mo. RFD1</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>7-9-56</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-Vascular Disease</b> <b>Cerebral Thrombosis - Right Hemiplegia</b> DUE TO (c)		<b>1952</b> <b>1952</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Generalized Arteriosclerosis</b>			

19a. DATE OF OPERATION <b>X</b>	19b. MAJOR FINDINGS OF OPERATION <b>X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>H 201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>X</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>X</b>
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22. I hereby certify that I attended the deceased from **7-9-56**, 1956, to **7-10**, 1956, that I last saw the deceased alive on **7-10**, 1956, and that death occurred at **10:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry F. O'Brien M.D.</b>	23b. ADDRESS <b>1115 E. Monroe - Mexico, Mo.</b>	23c. DATE SIGNED <b>7-10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-12-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 12-1956</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b>	ADDRESS <b>Mexico, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Rep Miller* .....

Licensed Embalmer No. *449* .....

P. O. Address *Mexico* .....

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.