

Health,
Welfare
Public
Service

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006159
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 39

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Carterville | | c. CITY OR TOWN Carterville | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 140 E. Main St. | | d. STREET ADDRESS (If outside, give location) 140 E. Main St. | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Lillian Middle Edith Last Stuart | | | 4. DATE OF DEATH Month Feb. Day 20 Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Sept. 4, 1896 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 5 Days 16 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Webb City, Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Divorced |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Charles Mespaly 134 E. Daugherty St. Carterville, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac dilatation with arrhythmia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Chronic myocarditis</u> | |
| | DUE TO (c) <u>Burns face & chin due to fall behind gas heater</u> | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Was under care of Dr. R.M. Johnson M.D. Webb City Mo</u> |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | <u>records taken from his files</u> |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Joplin, Mo. | COUNTY Joplin | STATE Mo. |
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| 21. I attended the deceased from <u>April</u> and last saw her alive on <u>April</u> Death occurred at <u>April</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>L. M. Johnson</u> | (Degree or title) M.D. | 22b. ADDRESS 1st Nat'l Bank Bldg. Joplin, Mo. | 22c. DATE SIGNED 2-22-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-24-58 | 23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery | 23d. LOCATION (City, town, or county) (State) Carterville, Mo. |
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| 24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary | ADDRESS Webb City, Mo. | 25. DATE RECD. BY LOCAL REG. 2-24-58 | 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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County File Number 58-3-20
9th Filed MAR 3 1938

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 Harvey G. Orme

Licensed Embalmer No. 4463
P. O. Address West City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.