MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-002615

STATE FILE NUMBER

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3039 Registrar's No. 18

AMENDED

FILED JAN 30 1962

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline — Length of stay in 1b: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Florene Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brookfield — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 mi South — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: John Middle: W Last: Stuart
4. DATE OF DEATH Month: 1 Day: 22 Year: 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 13-1886
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months / Days: 8 — IF UNDER 24 HR: Hours: 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Brookfield Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Stuart
13b. MOTHER'S MAIDEN NAME: Sarah Haley
14. NAME OF HUSBAND OR WIFE: Sarah Haley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Edna Woolston Address: Sumner Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Lacta Gunna Formation — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1) OVA = Right hemiplegia 2) Rt. Charcots Joint
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to Jan 22, 1962 and last saw ~~her~~ him alive on Jan 22, 1962
Death occurred at 12:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George [signature]
22b. ADDRESS: Marceline Missouri
22c. DATE SIGNED: 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-24-62
23c. NAME OF CEMETERY OR CREMATORY: Mendon
23d. LOCATION (City, town, or county) (State): Mendon Mo

24. FUNERAL DIRECTOR: S. L. Leipard ADDRESS: Mendon Mo
25. DATE RECD. BY LOCAL REG.: 1-24-62
26. REGISTRAR'S SIGNATURE: Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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 Billie C. Gordon

Licensed Embalmer No. 4980

P. O. Address Mendon, Me.

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.