

(65) JUN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19960
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard

(b) Township

(c) City Dexter

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 838
Primary Registration District No. 4509

Registered No. _____

2. PRINT FULL NAME 363 Urlin C. Stuart

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Blickhan Stuart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1893

7. AGE YEARS 45 MONTHS 5 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dexter, Mo. (STATE OR COUNTRY)

FATHER 13. NAME L. M. Stuart

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Leila Harper

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. May Stuart (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cem. DATE 6/2/39
Blasenship-Strickland

19. FUNERAL DIRECTOR (NAME) Dexter, Mo. (ADDRESS)

20. FILED 6/10 1939 Jennie Benton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30/39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-30-1939 to 5-30-1939

I last saw him alive on 5/30 1939 Death is said to have occurred on the date stated above, at 11:30 pm

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion (Probably) was dying when I saw him first.

Date of onset

Other contributory causes of importance: 94 lb

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) Frank Harper M. D.
(Address) Dexter Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

FEB 16 1945

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,

J. E. Stuckland

or by

Registered Apprentice No.

~~working under my personal supervision.~~

Signed

J. E. Stuckland

Licensed Embalmer No.

31179

-P. O. Address

Depts., W.M.O.

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 this body is not embalmed, above space should be left blank.