

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33186

FILED NOV 15 1950

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry Mo. 201-N. High St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>201-North High St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alvin</u>	b. (Middle) <u>LeRoy</u>	c. (Last) <u>Stuart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-5-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>4-21-1911</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Collector-Photographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>Stanberry, Gentry Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James C. Stuart</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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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)	16. SOCIAL SECURITY NO. <u>488-14-5840</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James C. Stuart</u>	17. ADDRESS <u>Stanberry Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>431X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infant deformities</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1949, to Nov 5, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Mueselmann</u> (Degree or title)	23b. ADDRESS <u>Stanberry Mo</u>	23c. DATE SIGNED <u>11-4-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 7-1950</u>	REGISTRAR'S SIGNATURE <u>Eduard Leibel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Ewan Johnson</u>	ADDRESS <u>Stanberry Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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

Joan Johnson

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Joan Johnson

Licensed Embalmer No. *3492*

P. O. Address *Stinking No.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.