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FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23363

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 252

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills 34909 (Mo. township) 3
 c. LENGTH OF STAY (in this place) 16 yrs
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 83rd & Harrison Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills 0480
 d. STREET ADDRESS (If rural, give location) 83rd & Harrison Rd

3. NAME OF DECEASED a. (First) Floyd b. (Middle) Alexander c. (Last) Stuart
 4. DATE OF DEATH (Month) (Day) (Year) 7-12-51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Aug. 12, 1871 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Ringgold Co., Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alec Stuart 13b. MOTHER'S MAIDEN NAME Maggie Saville 14. NAME OF HUSBAND OR WIFE Minnie M. Stuart

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. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie M. Stuart ADDRESS 83rd & Harrison Rd. Hickman Mills Mo.

18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c)
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anasarca
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic valvular heart disease
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 5 days
10 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4214 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-17, 1950, to 7-9, 1951, that I last saw the deceased alive on 7-9, 1951, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. McEubank MD (Degree or title) 23b. ADDRESS Raytown, Mo 23c. DATE SIGNED 7-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JULY 14, 1951 24c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE CEMETERY 24d. LOCATION (City, town, or county) (State) REDDING IOWA

DATE REC'D BY LOCAL REG. July 13, 1951 REGISTRAR'S SIGNATURE [Signature] 35¢ 25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newnam's Sons ADDRESS 1337 BRUSH CREEK KANSAS CITY, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 RECD

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
Student Embalmer

Signed John T. Dewe

Licensed Embalmer No. 4453

P. O. Address 750 Main St

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.