

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34507

FILED OCT 16 1951

State File No. ....

BIRTH NO. .... REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4398 Registrar's No. 270

1. PLACE OF DEATH  
a. COUNTY Nodaway

b. CITY (If outside corporate limits, write RURAL and give township) Ravenwood

c. LENGTH OF STAY (If applicable) 50 34 45

d. FULL NAME OF HOSPITAL OR INSTITUTION at HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Nodaway

c. CITY (If outside corporate limits, write RURAL and give township) Ravenwood MO

d. STREET ADDRESS (If rural, give location) U

3. NAME OF DECEASED (Type or Print)  
a. (First) Miss Emma Jane b. (Middle) Stuart c. (Last) Stuart

4. DATE OF DEATH (Month) (Day) (Year)  
Oct 1 1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Mar 17 1858 9. AGE (In years last birthday) 93

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Edwin R. Stuart 13b. MOTHER'S MAIDEN NAME Eliza Henry

14. NAME OF HUSBAND OR WIFE Stanberry, MO

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'S SIGNATURE OR NAME Eddie C. Stuart ADDRESS Stanberry, MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) acute myocarditis

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) ?  
DUE TO (c) rh fever

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  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 Sept 2, 1951 to Oct 1, 1951, that I last saw the deceased alive on Sept 30, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

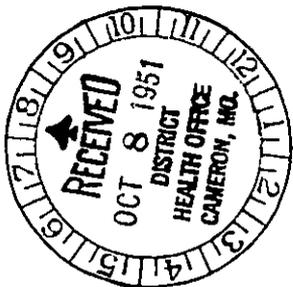
23a. SIGNATURE (Degree or title) R. J. Gantley D.O. 2 23b. ADDRESS Ravenwood, MO 23c. DATE SIGNED 10/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 10-3-1951 24c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery 24d. LOCATION (City, town, or county) (State) Ravenwood Nodaway Mo

DATE REC'D BY LOCAL REG. 10-6-51 REGISTRAR'S SIGNATURE Kess Holt 25. FUNERAL DIRECTOR'S SIGNATURE Toby H. Phillips ADDRESS Stanberry, MO

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

#  
0240



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

working under my personal supervision.

Student Embalmer No. ....

Signed Student Embalmer

Signed

Licensed Embalmer No. 1898

P. O. Address Stockey, Md

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, fact should be so stated above.