

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44239**

FILED JAN 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4500** Registrar's No. **97**

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

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Leonard, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Leonard, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VICTOR</b>			b. (Middle) <b>FRANKLIN</b>			c. (Last) <b>STUART</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-21-1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9-26-1892</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 6 WKS. Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hdwe. &amp; Groc. Merch.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Shelby Co., Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Henry Stuart</b>			13b. MOTHER'S MAIDEN NAME <b>Elezene Tuggle</b>			14. NAME OF HUSBAND OR WIFE <b>Maud Stuart</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#1</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maud Stuart, Leonard, Mo.</b>				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of the prostate</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Wide spread Metastasis</b>							
		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 <b>177X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				

22. I hereby certify that I attended the deceased from **July 31, 1950**, to **Dec 21, 1952**, that I last saw the deceased alive on **Dec 21, 1952**, and that death occurred **10:30P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Howard H. Dutton D.O.</b>			23b. ADDRESS <b>Bethel Mo.</b>			23c. DATE SIGNED <b>Dec 21 1952</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-23-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		24d. LOCATION (City, town, or county) (State) <b>Shelbyville, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>12-30-52</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins</b>		ADDRESS <b>Shelbina, Mo.</b>	
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JAN 10 1953

JAN 14 1953

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.....

*Elwood Hawkins*

Signed.....

Student Embalmer

.....  
Licensed Embalmer No. *3498*

.....  
P. O. Address *Stillman 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.