

No. 100  
10-48

JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4612

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 4

80  
2

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Wash. Township</u> |  | c. LENGTH OF STAY (in this place)<br><u>10 yr 3 mo</u>   |  |
| c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Adrian</u>         |  | d. STREET ADDRESS (If rural, give location)<br><u>unknown</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Nevada Mo</u>                       |  |  |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>GRACE</u> b. (Middle) <u>STUART</u> c. (Last) <u>STUART</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan 5, 1953</u> |  |  |
|---|--|--|--|--|--|

|   |                                  |  |  |  |                         |   |                       |                         |   |
|---|----------------------------------|--|--|--|-------------------------|---|-----------------------|-------------------------|---|
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>Jan 23, 1905</u>          | 9. AGE (in years last birthday)<br><u>47</u> | 10. MONTHS<br><u>11</u> | 11. DAYS<br><u>18</u>   | 12. HOURS<br><u>-</u> | 13. MINUTES<br><u>-</u> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u> |  |                         | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Trenton Missouri</u> |                       |                         | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |

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| 13a. FATHER'S NAME<br><u>Joseph Wood</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Rebecca Ford</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Frank Stuart</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)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Records State Hospital Nevada</u> | ADDRESS<br><u>Nevada</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 hrs 15 min</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock and injuries following suicidal jump from water tower</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Manic depressive - depressed</u><br>DUE TO (c) <u>E978X</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                                       |   |   |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION<br><u>none</u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>none</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>State Hosp 3</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Wash. Township Vernon Mo.</u> |
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|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Jan 5, 1953 24</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>jumped from water tower</u> |
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22. I hereby certify that I attended the deceased from Oct 1, 1942, to Jan 5, 1953, that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

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|---|---|-------------------------------------|
| 23a. SIGNATURE <u>Walter D. Thurman</u> (Degree or title)<br><u>Paul L. Barone M.D.</u> | 23b. ADDRESS <u>Nevada 740</u><br><u>State Hospital Nevada Mo</u> | 23c. DATE SIGNED<br><u>Jan 5/53</u> |
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|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>1-5-53</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Crescent Hill Cem. Adrian, Missouri</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Adrian, Missouri</u> |
|---|----------------------------|--|--|

|   |  |   |                               |
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| DATE REC'D BY LOCAL REG.<br><u>1-8-53</u> | REGISTRAR'S SIGNATURE<br><u>Uma E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Claude Dix</u> | ADDRESS<br><u>Adrian, Mo.</u> |
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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

*Allen V. Hays*

Licensed Embalmer No. *1968*

P. O. Address *Nevada Mo.*

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.