

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3750**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> <u>1082</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>Life time</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>	
		d. STREET ADDRESS (If rural, give location) <u>1013 N. Main</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lizzie</u>	b. (Middle) <u>May</u>	c. (Last) <u>Stuart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-3-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 17 - 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Vernon County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Gustin</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Hyde</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie P. 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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Clay A. Stuart</u> ADDRESS <u>8120 St. Louis</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> DUE TO (c) <u></u>		<u>Don't Know</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deforming arthritis (early)</u>		<u>Don't Know</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada</u> <u>Vernon</u> <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m. <u></u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from about, 1945, to Jan 3, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. [Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Nevada</u> <u>Mo</u>	23c. DATE SIGNED <u>1/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Desperado Cemetery Nevada</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-11-1954</u>	REGISTRAR'S SIGNATURE <u>Arnold E. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Kay</u> ADDRESS <u>Nevada, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed K. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Swada, 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.