

Health, Welfare, Public Service

000-56

0
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2403

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Stanberry</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wabash Hospital</u> Length of stay in lb <u>10 Days</u>		d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>CLARK</u> Last <u>STUART</u>			4. DATE OF DEATH Month <u>January</u> Day <u>-5-</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15-1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Month <u>✓</u> Days <u>7</u> Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>		11. BIRTHPLACE (City and state or country) <u>Guilford Mo.</u>	
13. FATHER'S NAME <u>John W. Stuart</u>			14. MOTHER'S MAIDEN NAME <u>Mary Brooke</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>E. A. Stuart</u> Address <u>Moberly Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 Hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Nephritis, chronic</u>			<u>420.0</u> Years
	DUE TO (c) <u>Arteriosclerotic Heart Disease with Hypertension</u>			Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Senility and Malnutrition</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Dec. 19, 1956 to Jan. 5, 1957 and last saw ~~her~~ him alive on Jan. 4, 1957
 Death occurred at 4:15 A. M. A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. K. McHenry</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Wabash Employes' Hospital</u>		22c. DATE SIGNED <u>1/7/57</u>	
I, <u>K. McHenry</u> M. D., Surgeon in Charge		<u>Moberly, Missouri</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan-7-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri</u>		
24. FUNERAL DIRECTOR <u>Ross Johnson</u> ADDRESS <u>Stanberry, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Leah Lowe</u>	

(Licensed Embalmer's Statement on Reverse Side)

269

MAR 4 1957

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.....
Signature of Student Embalmer

Signed.....
R. M. Carter

Licensed Embalmer No. *41*

P. O. Address *Moherly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above, constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.