Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4500

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: OREGON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Brown Nursing Home — Length of stay in 1b: 5 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOLT
c. CITY OR TOWN: FORTESCUE 0440 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle SAMUEL Last STUART
4. DATE OF DEATH: Month FEB. Day 22 Year 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: JAN. 23 1877
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): FORTESCUE, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HENRY STUART
14. MOTHER'S MAIDEN NAME: TENNESSEE DUKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: WILLIAM STUART Address: FORTESCUE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OBSTRUCTION OF SMALL INTESTINE — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PROBABLE CANCER OF INTESTINE — 6 MONTHS.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 152X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 MAY 1950, to Feb 22, 57 and last saw her/him alive on Feb 21, 57
Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. H.E. Collins, D.O.
22b. ADDRESS: Oregon, Mo.
22c. DATE SIGNED: 2/23/57.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/24/57
23c. NAME OF CEMETERY OR CREMATORY: TARKIO CHAPEL
23d. LOCATION (City, town, or county) (State): FORTESCUE, Mo

24. FUNERAL DIRECTOR: James Crawford ADDRESS: Mound City, Mo.
25. DATE RECD. BY LOCAL REG.: 2/23/1957
26. REGISTRAR'S SIGNATURE: James Crawford

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H Crawford

Licensed Embalmer No. 47

P. O. Address Mound C

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.