

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9631**
Registrar's No. **180**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5928		Registrar's No. 180		
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP Heath Creek		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Sedalia 0800		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 5, Sedalia				e. STREET ADDRESS (If rural, give location) Route # 5, 12 Mi. N.E. Sedalia				
3. NAME OF DECEASED (Type or Print) a. (First) ROY			b. (Middle) _____		c. (Last) STUART		4. DATE OF DEATH (Month) (Day) (Year) March 29, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 15, 1883		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 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 Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Alexander Staurt			13b. MOTHER'S MAIDEN NAME Christina Thompson		14. NAME OF HUSBAND OR WIFE Mabel Staurt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Staurt, Sedalia, Missouri				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy - cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) Cerebral injury II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 week 6 years 13 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 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) 260X				
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 March 24, 1957 , to March 29, 1957 , that I last saw the deceased alive on March 28, 1957 , and that death occurred at 5:45 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Chas D. Shober M.D.				23b. ADDRESS Sedalia MO		23c. DATE SIGNED 3/30/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 1, 1957	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri			
DATE REC'D BY LOCAL REG. 4-1-57		REGISTRAR'S SIGNATURE Francis Shelby		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Keckart		ADDRESS Sedalia, Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

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APR 8 1967

EMERALD STATE COLLEGE

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 *Russell C. Maag*.....

Licensed Embalmer No. *4804*

P. O. Address *Sehalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.