THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30993

STATE FILE NUMBER

XC-209 86 40

REG.# 15064 FILED OCT 3 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 571

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM.HOSPITAL — Length of stay in 1b: 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: DUNKLIN
c. CITY OR TOWN: CLARKTON — Inside Limits: Yes X No ☐
d. STREET ADDRESS: NONE (If outside, give location) — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WALTER Middle VERNON Last STUART

4. DATE OF DEATH: Month SEPTEMBER Day 18 Year 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-8-90

9. AGE (In years last birthday): 66 — 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): PLUMBER

10b. KIND OF BUSINESS OR INDUSTRY: PLUMBER

11. BIRTHPLACE (City and state or country): NORRIS CITY, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL STUART

14. MOTHER'S MAIDEN NAME: KATHRYN CLEVELAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: VA HOSPITAL RECORDS, POPLAR BLUFF, 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): CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: Six Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a):
1. ARTERIOSCLEROTIC HEART DISEASE. 2. ARTERIOLAR NEPHROSCLEROSIS

19. WAS AUTOPSY PERFORMED? YES ☐ NO X — 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. VA I attended the deceased from Sept. 13, 1957, to Sept. 18, 1957 ~~[illegible]~~
Death occurred at 3:39 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. D. TURNER, M.D., Actg. Chief, Medical Svc.

22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED: 9/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Bur.

23b. DATE: Sept 21-57

23c. NAME OF CEMETERY OR CREMATORY: Stanfield

23d. LOCATION (City, town, or county) (State): Clarkton, MO

24. FUNERAL DIRECTOR: McDaniel-Kennott, MO — ADDRESS

25. DATE RECD. BY LOCAL REG.: 9/28/57

26. REGISTRAR'S SIGNATURE: B. H. Mueller By [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

RECEIVED
OCT 1 1957
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herbert B. Baird

Licensed Embalmer No. 48

P. O. Address Tennett, N

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.