

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031483

STATE FILE NUMBER

FILED SEP 4 1958

Registration District No. 339

Primary Registration District No. 6149

Registrar's No. 21

3001
1-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Puxico Duck Creek Twp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Puxico 1030 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2 Length of stay in 1b 1 year		d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LaDonna Middle Kaye Last Stuart			4. DATE OF DEATH Month Aug. Day 24, Year 1958		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1953	9. AGE (In years last birthday) 4	FUNDER 1 YEAR Months 4 Days 10	IF UNDER 24 HRS. Hours 10 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walter Stuart	13b. MOTHER'S MAIDEN NAME Beverly Siler	14. NAME OF HUSBAND OR WIFE child
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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) no	16. SOCIAL SECURITY NO. XXXXXXXXXXXX	17. INFORMANT Walter Stuart Address Puxico, Mo. R. 2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchitis pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rhabdomyosarcoma of the mastoid with metastasis	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1960	

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.)
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20c. TIME OF INJURY Hour 10:30 a.m. 10:30 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Bloomfield, Mo. COUNTY Stoddard STATE Missouri
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21. I attended the deceased from March 58 to Aug 20 and last saw her/him alive on Aug 20, 1958 Death occurred at Aug 24, 1958 10:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Stephen Paul M.D. (Degree or title)	22b. ADDRESS Bloomfield, Mo.	22c. DATE SIGNED 8-26-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-26-58	23c. NAME OF CEMETERY OR CREMATORY Duck Creek cemetery	23d. LOCATION (City, town, or county) (State) Puxico, Mo. Rural
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24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 8/30/58	26. REGISTRAR'S SIGNATURE Pearl Reed
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, MD*

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.