

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005361

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. ET 143 Primary Registration District No. 5560 Registrar's No. 3

300
-57

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Raymond H. Stuart Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Willow Springs, Mo.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Willow Springs</u> ^{c 460} |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) | | First <u>RAYMOND</u> Middle <u>H.</u> Last <u>STUART</u> | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>15,</u> Year <u>1959</u> |
| 5. SEX <u>Male</u> c | 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>March 31, 1908</u> |
| 9. AGE (In years birthday) <u>50</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior decorator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>painting</u> | 11. BIRTHPLACE (City and state or country) <u>Willow Springs, Mo.</u> |
| 13a. FATHER'S NAME <u>Lon Stuart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Jones</u> | 14. NAME OF HUSBAND OR WIFE <u>Joe Lee Stuart</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u> (Type or unknown) (If in war or dates of service) | | 16. SOCIAL SECURITY NO. <u>496-07-3344</u> | 17. INFORMANT <u>Jo Lee Stuart Willow Springs, 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>Bronchogenic carcinoma, left lung, with metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1621</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <u>Aug. 5, 1958</u> to <u>Feb. 15, 1959</u> last saw her/him alive on <u>Feb. 15, 1959</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Dr. C. F. Callihan MD</u> | | 22b. ADDRESS <u>West Plains, Mo.</u> | 22c. DATE SIGNED <u>2/17/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>2/17/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Burns Willow Springs, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/28/59</u> | 26. REGISTRAR'S SIGNATURE <u>Marshall Ballard</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 3 1959

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 *Fred W. Barnes*
Fred W. Barnes

Licensed Embalmer No. 4614
P. O. Address Willow Springs,

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.