

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS FEB 8 1960

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INDEXED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Wellsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RR #1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>BROWN</u> Last <u>STUART</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>2</u> Year <u>1960</u>					
5. SEX <u>Male</u>	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>Oct 12, 1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u>		11. BIRTHPLACE (City and state or country) <u>Callaway Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charley Stuart</u>			13b. MOTHER'S MAIDEN NAME <u>Sally Oxley</u>			14. NAME OF HUSBAND OR WIFE <u>Lelia Schwendker Stuart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW#1</u>		16. SOCIAL SECURITY NO. <u>496-40-9173</u>		17. INFORMANT Address <u>Mrs. Lelia Stuart, Wellsville, 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>Ruptured aneurysm left iliac</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aneurysm left iliac artery</u>							<u>3 days</u>		
DUE TO (c) <u>arteriosclerotic calcification of aorta</u>							<u>20 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u>2.2.60</u>							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Wellsville</u>		COUNTY <u>Montgomery</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>2.2.60</u> to <u>5</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>5</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>William H. Jaeger</u>				22b. ADDRESS <u>1120 Clark Street</u>			22c. DATE SIGNED <u>2-3-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/5/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>			23d. LOCATION (City, town, or county) <u>Wellsville, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Wells Funeral Home</u>			ADDRESS <u>Wellsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 3-1960</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leo J. Whitaker

Licensed Embalmer No. 4780

P. O. Address Mexico, M

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.