

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015090

FILED VS. APR 19 1960

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howell</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Willow Springs, Mo.</b>		Length of stay in 1b <b>lifetime</b>		c. CITY OR TOWN <b>Willow Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>E.</b> Last <b>STUART</b>				4. DATE OF DEATH Month <b>April</b> Day <b>12</b> , Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/28/1873</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Andrew Stuart</b>			13b. MOTHER'S MAIDEN NAME <b>Pricilla McCullough</b>		14. NAME OF HUSBAND OR WIFE <b>Norma Stuart</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-07-0263</b>	17. INFORMANT Address <b>Mrs. Norma Stuart Willow Springs</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis.</b>							
DUE TO (c) <b>Atherosclerotic heart disease</b>							
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 type="checkbox"/> NO <input checked="" 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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>							
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		COUNTY	STATE
21. I attended the deceased from <b>12/16/59</b> to <b>4/12/60</b> and last saw her him alive on <b>12/16/59</b> Death occurred at <b>7:45 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Amos L. Coffee M.D.</b>				22b. ADDRESS <b>Willow Springs Mo.</b>		22c. DATE SIGNED <b>4/14/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/15/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pine Grove</b>		23d. LOCATION (City, town, or county) <b>Howell County, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Burns Willow Springs, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4/16/60</b>		26. REGISTRAR'S SIGNATURE <b>Marshall Bellard</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Fred W. Barnes*  
Signed 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.