

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

FILED VS JUL 14 1960.

**=60-023020**  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 80

ENDED

1. PLACE OF DEATH a. COUNTY <b>IRON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>IRON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>IRONTON</b>		Length of stay in 1b <b>3 hrs</b>		c. CITY OR TOWN <b>PILOT KNOB</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 <b>ST. MARYS HOSPITAL</b>			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 checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>SAMUEL SCOLES STUART</b>				4. DATE OF DEATH Month Day Year <b>7 1 1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>7/13/1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Coldwater, Mich</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>Charles Stuart</b>			13b. MOTHER'S MAIDEN NAME <b>Malissa Scoles</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine 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>495-26-7299</b>		17. INFORMANT Address <b>Mrs Katherine Stuart, Pilot Knob, Mo</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>Multiple fractures of shoulder, pelvis and leg.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr 55 min</b>	
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)					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 checked="" 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. <b>5</b>	Month, Day, Year <b>7-1-60</b>						
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.) <b>Highway, Pilot Knob, Mo</b>		20f. CITY, TOWN, OR LOCATION <b>Pilot Knob</b>		COUNTY <b>Iron</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>7-1-60</b> to <b>7-1-70</b> and last saw <sup>her</sup> him alive on <b>7-1-60</b> Death occurred at <b>6:55</b> p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Marvin C. Henry MD</i> Degree or title				22b. ADDRESS <b>109 N. Main, Ironton, Missouri</b>		22c. DATE SIGNED <b>7-2-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/3/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>A.V. Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Ironton, Mo</b>		
24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton, Mo</b> <i>Styler White</i>				25. DATE RECD. BY LOCAL REG. <b>7-2-60</b>		26. REGISTRAR'S SIGNATURE <i>Mrs Aris Jones</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Wroton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.