

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUN 29 1960

=60-024066  
 STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Rolla</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>803 Bray ave.,</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>803 Bray ave.,</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>LENOX</b> Last <b>STUART</b>				4. DATE OF DEATH Month <b>June</b> Day <b>20,</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>6/24/1871</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Relistate Dealer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Relistate</b>		11. BIRTHPLACE (City and state or country) <b>Dent Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Samuel H. Stuart</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Lenox</b>			14. NAME OF HUSBAND OR WIFE <b>Bess 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>none</b>		17. INFORMANT <b>Bess Stuart</b> Address <b>Rolla, 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>Gastric Hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>for advanced arterio-sclerosis</b>							yes	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial Degeneration, Mod Severe</b>					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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year								
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>1948</b> to <b>June 20, 60</b> and last saw <sup>her</sup> him alive on <b>June 20, 60</b> Death occurred at <b>3:46 P</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 M. Myers M.D.</b>				22b. ADDRESS <b>Rolla Mo</b>		22c. DATE SIGNED <b>6/21/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/22/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>		23d. LOCATION (City, town, or county) <b>Rolla, Mo.</b>				
24. FUNERAL DIRECTOR <b>Carl J. Glenn West 10th. st., Rolla, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>June 21, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>		

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUN 29 1960

**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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Carl J. Glenn

Licensed Embalmer No. 4707  
P. O. Address Ralla, W.

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.