

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS NOV 18 1960**

**-60-043155**

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 268 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WABASH EMPLOYEES' HOSPITAL INSTITUTION <b>Moberly, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5217 Indiana</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ALONZO</b> Middle <b>L.</b> Last <b>STUART</b>			4. DATE OF DEATH Month <b>November</b> Day <b>8</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/18/1876</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Firman - Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR. Co.</b>	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John A. Stuart</b>	13b. MOTHER'S MAIDEN NAME <b>Massie King</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Grace Stuart (D)</b>
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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>702-05-3883</b>	17. INFORMANT Address <b>George W. Stuart Los Angeles, Calif.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute cardiac failure</b>		<b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Progressive bulbar paralysis</b>	<b>Approx. 5 days</b>
	DUE TO (c) <b>Arteriosclerotic heart disease</b>	<b>Years(?)</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
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> 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
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21. I attended the deceased from <b>Nov. 5, 1960</b> to <b>Nov. 8, 1960</b> and last saw <sup>him</sup> <del>her</del> alive on <b>Nov. 8, 1960</b> Death occurred at <b>1:30 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>L. K. McMurtry M.D.</i> (Name or title) <b>L. K. McMurtry, M.D., Surgeon in Charge</b>	22b. ADDRESS <b>Wabash Employees' Hospital Moberly, Missouri</b>	22c. DATE SIGNED <b>11/8/60</b>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Nov. 9, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forrest Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR <b>Fernal Funeral Service</b>	ADDRESS <b>Moberly</b>	25. DATE RECD. BY LOCAL REG. <b>11-9-60</b>	26. REGISTRAR'S SIGNATURE <i>Leaburue</i>
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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

*John A. Galen*

Licensed Embalmer No. 3815

P. O. Address Mobile, Ala.

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.