

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038605

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 337 Primary Registration District No. 4500 Registrar's No. 45

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>SHEBby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SHEBby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LEONARD, Mo.</u>		c. CITY OR TOWN <u>LEONARD, Mo.</u>	
Length of stay in 1b <u>80 YEARS</u>		Inside Limits d. STREET ADDRESS (If outside, give location) <u>FAMILY HOME</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SIDNEY A</u> Middle <u>STUART</u> Last <u>STUART</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-7-1874</u>
9. AGE (last birthday) <u>89</u>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>SHEBby County Mo.</u>
13a. FATHER'S NAME <u>ROBERT KERNS</u>		13b. MOTHER'S MAIDEN NAME <u>EDDEN HORN</u>	14. NAME OF HUSBAND OR WIFE <u>DAVID STUART</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>MRS AEE BALANCE - LEONARD</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>Hypertensive Cardio-Vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs -</u>
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 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. 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 <u>1945</u> to <u>29 Aug 1963</u> and last saw her alive on <u>29 Aug 1963</u> Death occurred at <u>5:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>ASU Wright, DO</u>		22b. ADDRESS <u>Box 64 Leonard Mo</u>	22c. DATE SIGNED <u>8/31/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Aug 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATION <u>CHERRY BOX CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SHEBby County Mo.</u>
24. FUNERAL DIRECTOR <u>GREENING</u>	ADDRESS <u>SHEBbyville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8/30/63</u>	26. REGISTRAR'S SIGNATURE <u>Alee Allison</u>

SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 689
working under my personal supervision.

Student W. H. Greening
Signature of Student Embalmer

Signed James W. Pinner

Licensed Embalmer No. 5162

P. O. Address MACON MD

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.

Permit number 8/30/63 (R.A.)