THE DIVISION OF HEALTH OF MISSOURI FILED MAR 1 0 1958 STANDARD CERTIFICATE OF DEATH alth. /elfare Registration District No. 24 Primary Registration District No. 30 46 Registrar's No. blic rvice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH ь. countMoniteau a. COUNTY Missouri Noni teau 300 b. CITY (If outside corporate limits, give TOWNSHIP only) | Inside Limits c. CITY -56 Yesty No 🗆 TOWnCalifornia, Mo Walker TOWN California, Mo Yesny⊟ No⊓ c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b (If outside, give location) HOSPITAL OR INSTITUTION Latham Hospital Reside on Form d. STREET 602 South St. 5 Yrs ADDRESS Yes 🗆 No Xo NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH Ida Jane Stuart 1958 IF UNDER I YEAR 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) Months Doys White WKOZWED X rema⊥e DIVORCED TA 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home House Wife Cole Co. Mo 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna Molonv Lawrance Cashion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Addres California 16. SOCIAL SECURITY NO. 17. INFORMAN None Nο 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIBBON Conditions, if any, which gave rise to abore cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  $\Box$ 20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m.20d. INJURY OCCURRED 20e. PLACE OF INJURY (e. g., in or about home, COUNTY STATE 20/. CITY, TOWN, OR LOCATION WHILE AT farm, factory, street, office bidg., etc.) NOT WHILE WORK and last saw him 21. I attended the deceased from Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Degree, of, title) 22b. ADDRESS 230. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 238. LOCATION (City, town, or county) REMOYAL (Specify) 2/28/58 Catholic Cemetery California, Mo Burial FUNERAL DIRECTOR ADDRESS 25. DATE RECD, BY LOCAL REG. 26. REGISTRAR SIGNA (Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

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

Licensed Embalmer No. 2

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

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.