

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 16 1949

State File No. 12714

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1456</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1817 INDEPENDENCE AVE</u>				d. STREET ADDRESS (If rural, give location) <u>1817 INDEPENDENCE AVE.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IRWIN</u>		b. (Middle) <u>REDMAN</u>		c. (Last) <u>STUART</u>	
4. DATE OF DEATH		Month <u>MARCH</u>		Day <u>28</u>		Year <u>1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>72</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 YEAR Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>5 YEARS RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STEAM FITTER</u>		11. BIRTHPLACE (State or foreign country) <u>OSWEGO KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALVIN A. STUART</u>		13b. MOTHER'S MAIDEN NAME <u>MARY C. REDMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. EFFA B. STUART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-3518</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CHARINE S. PURVIANCE</u> ADDRESS <u>492 E. 139th ST NEW YORK CITY NY.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Probably Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dead several days</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No Post Mortem</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens M.D. (Physician)</u>				23b. ADDRESS <u>1034 Bialto Blvd</u>		23c. DATE SIGNED <u>3-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-31-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Kalm</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Newcomer</u>		ADDRESS <u>1101 N. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. *4452*

P. O. Address *H. C. 4 Mo.*

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 this body is not embalmed, fact should be so stated above.