

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16159
1897

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			3 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6000 Central</u>				d. STREET ADDRESS (If rural, give location) <u>6000 Central</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u>			b. (Middle) _____		c. (Last) <u>Stewart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 30 49</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 30, 1869</u>		9. AGE (In years last birthday) <u>75 79</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Highland, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Carolyn Speidel</u>		14. NAME OF HUSBAND OR WIFE <u>Arch J. Stewart</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jerome D. Porter</u>		ADDRESS <u>6000 Central</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno carcinoma of cervix</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>MI</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>46</u> , to <u>April 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 30</u> , 19 <u>49</u> , and that death occurred at <u>3:20 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Marcel L. Mooney</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1420 Bryant Bldg, K.C., Mo</u>		23c. DATE SIGNED <u>4/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>May 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-30-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary</u>		ADDRESS <u>Kans. City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

En. Marcel Manning
Bryant Bldg
11-1 P.M.

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K.C., 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.