

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16161

2314119

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>32 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		92 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 EAST 79TH TERRACE</u>				d. STREET ADDRESS (If rural, give location) <u>921 EAST 79TH TERRACE</u>					
3. NAME OF DECEASED (Type or Print) <u>ZOLLIE</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC-26-1892</u>			
9. AGE (In years last birthday) <u>56 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEF-HEAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PICKWICK HOTEL</u>		11. BIRTHPLACE (State or foreign country) <u>WABAUNSEE, KANSAS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CAMERON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MAUDE STEWART</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>487-09-5635</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. MAUDE STEWART 921 EAST 79TH TERRACE KANSAS CITY, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				DUE TO (b) <u>Intestinal Obstruction</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>previous colostomy due to tumors</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None - condition of colon. malignant</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>				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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan.</u> , 19 <u>48</u> , to <u>May 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 23</u> , 19 <u>49</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank Hurwitt M.D.</u> (Degree or title)				23b. ADDRESS <u>Pickwick Hotel</u>		23c. DATE SIGNED <u>May 24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 27 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MANHATTAN KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>5-27-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Neumann's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embellisher'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.

Signed.....

Bernard L. Gross

Signed.....

Student Embalmer

Licensed Embalmer No.

4250

P. O. Address.....

A. 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.