

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23243

State File No. ....

FILED AUG 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3198

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

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 3828</u>	
c. LENGTH OF STAY (in this place) <u>41 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>5641 HARRISON STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>AUGUST</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 24 - 1951</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>JULY 7 - 1889</u>	9. AGE (In years last birthday) <u>62</u>	10. 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>GRAIN BROKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOARD OF TRADE</u>		11. BIRTHPLACE (State or foreign country) <u>STEWARTSVILLE, MISSOURI</u>	

13a. FATHER'S NAME <u>ROBERT STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. HAZEL STEWART</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLDWART</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HAZEL STEWART</u> ADDRESS <u>5641 HARRISON ST. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular Nephritis</u>		<u>2 years</u>	
		DUE TO (c) <u>Hypertensive Heart Disease</u>		<u>5927</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		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 Feb, 1950, to July 24, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 8:24 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack W. Wolf M.D.</u> (Degree or title)		23b. ADDRESS <u>206 Angyle Blay Kansas City Mo</u>		23c. DATE SIGNED <u>July 24, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 26 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>7-26-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Halverson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. N. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>			

SEP 19 1957

SEP 4 1957

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed.....

*Robert Ray*

Licensed Embalmer No. ....

*4182*

P. O. Address.....

*Kansas City, 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.