

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16796**

State File No. \_\_\_\_\_

**1998**

**FILED MAY 17 1952**

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

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

<b>1. PLACE OF DEATH</b> a. 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) _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>4519 Forest - 3658</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>L.</u> c. (Last) <u>STUART</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4 - 28 - 52</u>			
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 5, 1871</u>	<b>9. AGE</b> (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MO. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>MISSOURI</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Ed. Witt</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Caroline Dinskeep</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Harry C. Stuart</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>S.W. STUART - 4519 FOREST AVE.</u>

<b>18. CAUSE OF DEATH</b> 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.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2-3 yrs.</u>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arterio sclerotic Ht Disease</u> ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio Sclerosis</u> DUE TO (c) <u>Generalized Arterio Sclerosis</u>		<u>10 yrs.</u> <u>10+ yrs.</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>1200</u>

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from 4-15, 1952, to 4-28, 1952, that I last saw the deceased alive on 4-26, 1952, and that death occurred at 6:50 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Wm. W. Hart</u> (Degree or title)		<b>23b. ADDRESS</b> <u>6305 Brookside Place, Kansas City</u>	
<b>23c. DATE SIGNED</b> <u>4-30-52</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>4/30/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>WOODLAWN CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>5-1-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STINE &amp; MC CLURE</u> <b>ADDRESS</b> <u>KANSAS CITY, MO.</u>	

1-30 P. D. M  
6305 Brookland  
9486  
Wm. W. R...

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.