

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8909**
Registrar's No. **330**

BIRTH NO. **7169** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 14 Da.		d. STREET ADDRESS (If rural, give location) 1301 Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1301 Grand Ave.		e. STREET ADDRESS (If rural, give location) 1301 Grand Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Lee c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH Feb. 27/53	9. AGE (In years) Last birthday: 13 Months: 13 Days: 13	10. IF UNDER 1 YEAR Hours: 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Eugene Stewart	13b. MOTHER'S MAIDEN NAME Betty Gilpatrick	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecil Gilpatrick	ADDRESS St. Joseph
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Kurus Influenza & Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) --- rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) ---		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 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 **March 5, 1953**, to **Mar. 12, 1953**, that I last saw the deceased alive on **Mar. 12, 1953**, and that death occurred at **9 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE John G. Swain M.D. (Degree or title)	23b. ADDRESS Wathena Kansas	23c. DATE SIGNED 3-14-1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial	24b. DATE Mar. 14/53	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kans.
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DATE REC'D BY LOCAL REG. Mar 18, 1953	REGISTRAR'S SIGNATURE Inez P. Belmont	25. FUNERAL DIRECTOR'S SIGNATURE Victor J. Barry	ADDRESS St. Joseph Mo.
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Special Registrar Licensed Embalmer's Statement on Reverse Side

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

1117

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.