

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21756**
2837

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 60 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		e. STREET ADDRESS (If rural, give location) 117 1/2 BALTIMORE CONTINENTAL HOTEL 3120	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) L. c. (Last) STEWART			4. DATE OF DEATH (Month) (Day) (Year) JUNE 4 - 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH NOV - 1881		9. AGE (In years last birthday) 71		10. CITIZEN OF WHAT COUNTRY? INDIANA U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	

13a. FATHER'S NAME JAMES ELMORE SCOLEY		13b. MOTHER'S MAIDEN NAME -		14. NAME OF HUSBAND OR WIFE STANLEY G. STEWART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WIFLEY SCOBEY DEEP RIVER CONN.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Generalized		INTERVAL BETWEEN ONSET AND DEATH 1935-1953	
		ANTECEDENT CAUSES DUE TO (b) Breast Removed 1938 for Carcinoma			
		DUE TO (c) Metastases to Bone & soft structures body		170X	
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 Sept, 1950, to 4 June, 1953, that I last saw the deceased alive on 4 June, 1953, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. Stewart GILMOR (Degree or title) MD		23b. ADDRESS 1226 Reatta Bldg KCMO		23c. DATE SIGNED 6 June 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 9, 1953		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG 6-5-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 BRUSH CAREY KANSAS CITY, MO.	
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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..

Student.....
Signature of Student Embalmer

Signed *Beil Honey*.....

Licensed Embalmer No. *724*

P. O. Address *Irland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.