

STANDARD CERTIFICATE OF DEATH

25313

FILED JUL 27 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 293

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>78 years</u>		d. STREET ADDRESS (If rural, give location) <u>1300 E. 24 Highway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1300 E. 24 Highway</u>		d. STREET ADDRESS (If rural, give location) <u>1300 E. 24 Highway</u>	
3. NAME OF DECEASED (Type or Print) <u>Virginia STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 29, 1873</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selfemployed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME George Levasy 13b. MOTHER'S MAIDEN NAME Minerva Dickenson 14. NAME OF HUSBAND OR WIFE James L. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Alice Davis ADDRESS 1300 E. 24 Hi. Indep. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>22 hours</u>
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Coronary Insufficiency</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Severe Generalized Arteriosclerosis</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked Obesity</u>		

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO 4201

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 29, 1946 to Jan 19, 1950, that I last saw the deceased alive on Jan 19, 1950, and that death occurred at 220A m., from the causes and on the date stated above.

23a. SIGNATURE Harold V. Woods M.D. (Degree or title) 23b. ADDRESS Independence Mo. 23c. DATE SIGNED July 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 16, 1953 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery 24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. 7-16-53 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson ADDRESS Funeral Home, Indep. Mo.

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
Student Embalmer

Signed Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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