

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36056**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1201			
1. PLACE OF DEATH a. COUNTY Rochester				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson					
b. CITY (If within corporate limits, write RURAL and give township) St Joseph		c. LENGTH OF STAY (in this place) 340 1/2		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 State Hospital # 2				e. STREET ADDRESS (If rural, give location) 3128 Brooklyn					
3. NAME OF DECEASED (Type or Print) a. (First) Lorena			b. (Middle)			c. (Last) Stewart			
4. DATE OF DEATH (Month) (Day) (Year) 11 9 1955			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Mar 12 - 1897			9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 7 Days 27		IF UNDER 4 HRS. Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Samuel D Knapp			13b. MOTHER'S MAIDEN NAME Ada Lettstrom			14. NAME OF HUSBAND OR WIFE Lee 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. net		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. Knapp 3128 Brooklyn KS Mo				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic 490X						INTERVAL BETWEEN ONSET AND DEATH 1 week 39yr +	
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 Jan 1st 1955 to 11-9 1955 that I last saw the deceased alive on 11-9 1955 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C.E. Cassine MD				23b. ADDRESS State Hospital # 2			23c. DATE SIGNED 11-9-1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. Nov. 17, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		4850		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomers' & Sons, Kansas City, 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.....
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *4724*
P. O. Address *Kansas City*.....

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.