

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34432

FILED OCT 17 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 171

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 (If outside corporate limits, write RURAL and give township) OR TOWN rural Lone Jack, Rt. 1 Hammond Road		c. CITY OR TOWN Lone Jack	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION XXX		e. STREET ADDRESS (If rural, give location) (2 1/2 miles east Hammond Road E. of 20 E	

3. NAME OF DECEASED (Type or Print) Glenn Everett Stewart	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Oct. 6, 1956	(Month) (Day) (Year)
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Angl-Saxon	8. DATE OF BIRTH May 6, 1943	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Liberty, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jesse L. Stewart	13b. MOTHER'S MAIDEN NAME Sylvia Nichols	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME Jesse L. Stewar	ADDRESS Lone Jack, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stich + Hemorrhage resulting from fractured spine, ruptured liver + spleen, laceration of both lungs.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Co
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 10 6 36 AM '56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? was thrown from car
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. L. ...	23b. ADDRESS 6621 Buckner St. ...	23c. DATE SIGNED 10-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 8, 1956	24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery	24d. LOCATION (City, town, or county) (State) Buckner, Missouri
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DATE REC'D BY LOCAL REG. Oct 9 1956	REGISTRAR'S SIGNATURE N. B. Longford	25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Deppert	ADDRESS Buckner, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 23 190

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 *Ralph Jones*.....

Licensed Embalmer No. *4604*

P. O. Address *Oessa, N.*

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.