FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36991
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 N ~~High~~ Water St, — Length of stay in 1b 1½ Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler 6078 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4 N Water St — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Ada Middle Belle Last Stewart
4. DATE OF DEATH Month Nov Day 21 Year 1956
5. SEX female
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Aug 19 1875
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter Dotson
14. MOTHER'S MAIDEN NAME Caroline Robey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 510-18-5465D
17. INFORMANT Velma Stewart-Butler Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 21 1956, to Nov 21 1956 and last saw her alive on Nov 21 1956
Death occurred at 10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carter W. Butler (Degree of title) MD
22b. ADDRESS Butler Missouri
22c. DATE SIGNED 11/23/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/24/56
23c. NAME OF CEMETERY OR CREMATORY Highland Park
23d. LOCATION (City, town, or county) Pittsburg (State) Kansas

24. FUNERAL DIRECTOR Culver Underwood — ADDRESS Butler Mo
25. DATE RECD. BY LOCAL REG. NOV-24-56
26. REGISTRAR'S SIGNATURE Randall Kersey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert G. Steinbeck

Licensed Embalmer No. 46

P. O. Address Butler,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.