

FILED NOV 29 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38414**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 193

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 OR TOWN <u>Rural Prairie</u> <sup>6445</sup> <small>(If outside corporate limits, write RURAL, and give township)</small>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>523 Grand</u> <sup>302</sup>	

3. NAME OF DECEASED (Type or Print)  
 (First) Jesse (Middle) \_\_\_\_\_ (Last) Stewart  
 4. DATE OF DEATH Nov. 8 - 1956 (Month) (Day) (Year)

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH May 24 - 1886 9. AGE (In years last birthday) 70  UNDER 1 YEAR  YEAR  UNDER 5 HRS.  HRS.  MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (City and State or Foreign Country) Stewartsville, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown 16. SOCIAL SECURITY NO. 499-10-6097 17. INFORMANT'S SIGNATURE OR NAME Jackson County Hospital Records Index ADDRESS 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, 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) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</u>		
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 331x 20. AUTOPSY? YES  NO

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 10-23, 1956, to Nov 8, 1956, that I last saw the deceased alive on Nov. 8, 1956, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paul Wagoner M.D. (Degree or title) 23b. ADDRESS Jackson County Hosp 23c. DATE SIGNED 11-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov. 10, 1956 24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 10 - 1956 N. B. Langsford 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO. Langsford Funeral Home, Lee's Summit,

(Licensee Embalmer's Statement on Reverse Side)

NOV 26 1962

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 *N. B. Langford Jr.*  
Licensed Embalmer No. *4962*  
P. O. Address *Lee's Summit*

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.