

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1479**  
**161**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>28 Hours</b>		e. STREET ADDRESS (If rural, give location) <b>3330 N. 27th.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2210 Benton Blvd.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>V.</b> c. (Last) <b>Stewart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 11 1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-27-1914</b>	9. AGE (In years last birthday) <b>42</b>	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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kaiser Packing Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Vernie Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Lucille Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Harriett Stewart</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>499-10-0386</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph W. Ward</b> ADDRESS <b>3330 N. 27th. K. C. Kans.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <b>Coronary Heart Disease</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) (Min.)	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 12-24, 1956, to 1-11, 1957, that I last saw the deceased alive on 1-9, 1957, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE <b>V. I. Dixon</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>2204 1/2 East 18 th. st. K. C. Mo.</b>	23c. DATE SIGNED <b>1/12/1957</b>
24a. BURIAL, CREMATION (REMOVAL) (Specify)	24b. DATE <b>1-14-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>

DATE REC'D BY LOCAL REG. <b>1-12-57</b>	REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. J. W. Jones</b> ADDRESS <b>440 state ave.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1961

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. *Engene English*

Licensed Embalmer No. *410*

P. O. Address *440 Sta*

*K-C-A*

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