

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010216
STATE FILE NUMBER 1213

FILED MAR 31 1958

Registration District No. _____

189 Primary Registration District No. 1002

Registrar's No. _____

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson Co.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2600 Cleveland		Length of stay in Life	d. STREET ADDRESS 2600 Cleveland		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle Warren Last Stewart			4. DATE OF DEATH Month March Day 3 Year 1958		
5. SEX M	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) House Man		10b. KIND OF BUSINESS OR INDUSTRY Pvt. Families	11. BIRTHPLACE (City and state or country) Kansas City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Nora Stewart		13b. MOTHER'S MAIDEN NAME Mary Garbeth		14. NAME OF HUSBAND OR WIFE Lillian 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. 497-40-0924	17. INFORMANT Address Lillian Stewart 2600 Cleveland		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ascated Flu					INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Feb 19-1958 to March 1-1958 and last saw her alive on March 1-1958 Death occurred at 12:15 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. B. Bishop M.D. (Degree or title)			22b. ADDRESS Kansas #5695 1305 N 7th St. Kansas City, Kan		22c. DATE SIGNED 3/2/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, county) (Specify) Kansas City, Missouri
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 3-6-58		26. REGISTRAR'S SIGNATURE never Marshall	

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. B. Bishop



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 *Conrado G. Galvez B.*

Licensed Embalmer No. *4944*

P. O. Address *K. S. Ho.*

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.