

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010217
STATE FILE NUMBER
1463

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Charleston		
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 KEYTESVILLE 0218		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in lb <i>few hrs</i>	d. STREET ADDRESS (If outside, give location) RR 2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PRESTON Middle P. Last STEWART			4. DATE OF DEATH March 19, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH. December 18, 1892 65	9. AGE (In years last birthday) 65	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Minden, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Rufus A. Stewart		13b. MOTHER'S MAIDEN NAME Martha Viles		14. NAME OF HUSBAND OR WIFE Louise Stewart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 489-42-5856	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <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. Attended the deceased from March 19, 1958 March 19, 1958 XXXXXXXXXXXX Death occurred at 9:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Jugh A. Owens			22b. ADDRESS 1034 Oakth Blvd	22c. DATE SIGNED 3-20-58	
23a. BURIAL INFORMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 20 1958	23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) (State) Keytesville, Missouri
24. FUNERAL DIRECTOR ADDRESS Mrs C.L. Forster Funeral Home Inc Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-58	26. REGISTRAR'S SIGNATURE neva minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
300
-57
All diseases in Part I must be causally related.
Hugh H. Owens

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
HEALTH SERVICES DIVISION

THIS CERTIFICATE IS VALID FOR THE STATE OF TEXAS
IF THE BODY IS EMBALMED BY A LICENSED EMBALMER
OR A STUDENT EMBALMER UNDER HIS SUPERVISION
AND THE EMBALMER'S SIGNATURE IS ON THE REVERSE SIDE
OF THIS CERTIFICATE.



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 _____ Signed *John V. Lewis*
Signature of Student Embalmer

Licensed Embalmer No. *4848*
P. O. Address *...*

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.