

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029274

STATE FILE NUMBER 3779

FILED AUG 20 1958

Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		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 Gen'l Hosp. #1		Length of stay in lb 37 yrs	d. STREET ADDRESS (If outside, give location) 720 Troost Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Archie Last Stewart			4. DATE OF DEATH Month 8 Day 4 Year 1958		
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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 Oct. 8 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Moodyville, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Stewart		13b. MOTHER'S MAIDEN NAME Lydia Smith		14. NAME OF HUSBAND OR WIFE Laura Stewart	
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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. 490-16-2250	17. INFORMANT John H. Stewart (son.) Address Barstow, Calif. 25506. Cheryl C. ...
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary fibrosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		51.58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from Aug. 3, 1958 to Aug. 4, 1958 and last saw her/him alive on Aug. 4, 1958 Death occurred at 1:27 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>B. I. Burns M.D.</i> (Degree or title)	22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 8-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 7-1958	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Memorial Gardens	23d. LOCATION (City, town, or county) Olathe, Kansas. (State)
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24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc. ADDRESS Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 8-6-58	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i> (Licensed Embalmer's Statement on Reverse Side)
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

B. I. Burns



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 *J. Vigil*

Licensed Embalmer No. *3599*

P. O. Address *H. P. No.*

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.