

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033025

STATE FILE NUMBER 4070

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1003 Registrar's No.

5. 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in lb. 35 YEARS	d. STREET ADDRESS (If outside, give location) 4003 NORTON AVE.

3. NAME OF DECEASED (Type or print) First Middle Last ELVIE EMMY STUART			4. DATE OF DEATH Month Day Year August 22, 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 JAN. 9, 1894		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY K. C. PUMP CO.	11. BIRTHPLACE (City and state or country) WOODLAND, TEXAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME EDWARD STUART		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE BESS STUART	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 486-01-0317		17. INFORMANT Mrs. BESS STUART Address 4003 NORTON AVENUE, KANSAS CITY, MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema.			INTERVAL BETWEEN ONSET AND DEATH 2 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Infarction Acute and Sub-acute, with acute cardiac failure		Unknown
	DUE TO (c) Coronary Arteriosclerotic Disease, Generalized.		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Cholelithiasis, Chronic, with Cholelithiasis			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 January 27, 1958 to August 22, 1958 and last saw her alive on August 22, 1958 Death occurred at 10140 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul N. Johnstone, M.D.			22b. ADDRESS 1110 Regent Bldg.		22c. DATE SIGNED August 23, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 25 1958	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 8-25-58		26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I must be causally related.

Paul N. Johnstone USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 *Bern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *K.C. Mo.*

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.