

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036638
STATE FILE NUMBER
4670

FILED OCT 23 1958

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> 536 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hospital</i>		Length of stay in 1b <i>40 years</i>	d. STREET ADDRESS (If outside, give location) <i>1109 E. Arrow</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Edward</i> Middle <i>William</i> Last <i>STEWART</i>			4. DATE OF DEATH Month <i>October</i> Day <i>2</i> Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>December 25, 1901</i>
9. AGE (In years last birthday) <i>56</i>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <i>Cable man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chevrolet Plant</i>	11. BIRTHPLACE (City and state or country) <i>Houston Texas</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Unknown Stewart</i>	
13b. MOTHER'S MAIDEN NAME <i>Helena</i>		14. NAME OF HUSBAND OR WIFE <i>Charlotte Stewart</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>487-09-3901</i>	17. INFORMANT Address <i>Mrs Charlotte Stewart - 1109 E Arrow</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Fibrillation</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 Months</i>
DUE TO (b) <i>Myocardial Infarction</i>			<i>5 days</i>
DUE TO (c) <i>Coronary Thrombosis Reported at autopsy July 4, 1957</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pulmonary Emboli</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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 <i>July 4, 1957</i> to <i>10-2-58</i> and last saw ^{her} _{him} alive on <i>10-2-58</i> Death occurred at <i>5:55 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Chester E. Lee MD</i>		22b. ADDRESS <i>5830 rail mission Kansas</i>	22c. DATE SIGNED <i>10-3-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct 6, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Washington Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Missouri</i>
24. FUNERAL DIRECTOR <i>Hilke Funeral Home</i>		ADDRESS <i>2315 Princeton</i>	25. DATE RECD. BY LOCAL REG. <i>10-3-58</i>
		26. REGISTRAR'S SIGNATURE <i>Neva H. Marshall</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Chester E. Lee



W. Chas. Wick
5530 Hall

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 *Chas & Wick*

Licensed Embalmer No. *2644*
P. O. Address *13 E 246*

**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.**