Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004625
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St. Joseph's ~~Hospital~~ — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in 1b: 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph C117 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 219 W. Linn St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First BURTON Middle Last STEWART

4. DATE OF DEATH Month Feb. Day 21 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH May 15, 1885

9. AGE (In years last birthday) 73 — 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) Machinist (Ret)

10b. KIND OF BUSINESS OR INDUSTRY Motor Repair

11. BIRTHPLACE (City and state or country) Shelbyville, Illinois

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Stewart

13b. MOTHER'S MAIDEN NAME Anna Perriman

14. NAME OF HUSBAND OR WIFE Frieda Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 491-24-8994

17. INFORMANT Mrs. Frieda Stewart Address St. Joseph, Mo.

MEDICAL CERTIFICATION

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 Embolis — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease & Failure — 10 days
DUE TO (c) Hypertension arterial
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2-14-59, to 2-21-59 and last saw him alive on 2-21-59
Death occurred at 5:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H C Senne (Degree or title) MD

22b. ADDRESS 207 City + Suny Bldg, St. Joseph Mo.

22c. DATE SIGNED 2-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 24, 1959

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) St. Joseph, (State) Missouri

24. FUNERAL DIRECTOR Stamey Funeral Home — **ADDRESS** St. Joseph Mo.

25. DATE RECD. BY LOCAL REG. Feb 24 1959

26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. C. Senne

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Charles E. Bennett

Licensed Embalmer No. 1677

P. O. Address St. Joseph, 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.