OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040401

FILED VS DEC 10 1959

MENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5738 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSP. O.D.A.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 538 BROOKSIDE Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AROL Middle LEE Last STUART
4. DATE OF DEATH Month 11 Day 26 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-23-1907
9. AGE (last birthday) 52
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN
10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.
11. BIRTHPLACE (City and state or country) STOTESBURY, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM STUART
13b. MOTHER'S MAIDEN NAME LIBBY DEFFENBACH
14. NAME OF HUSBAND OR WIFE MAXINE L.
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. 186-05-2564
17. INFORMANT MRS. MAXINE STUART Address 538 BROOKSIDE

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) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Kealhofer (Degree or title) Sub-Deputy Coroner
22b. ADDRESS 662 Prospect Ave
22c. DATE SIGNED 11-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 11-29-59
23c. NAME OF CEMETERY OR CREMATORY EAST LIBERTY CEM.
23d. LOCATION (City, town, or county) (State) STOTESBURY, MO.

24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. ADDRESS K.C., MO.
25. DATE RECD. BY LOCAL REG. 11-28-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.