

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

474-62-002041
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 474

FILED FEB 13 1962

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 **48 yrs**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **QUEEN OF THE WORLD** 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) **2506 E. 21st. K.C. Mo.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **LENA STEWART**
(Type or print)

4. DATE OF DEATH Month Day Year **JANUARY 23, 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **NEGRO** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-31-1886** 9. AGE (last birthday) **75 yrs** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Richmond, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William Patton** 13b. MOTHER'S MAIDEN NAME **Emma Teavault** 14. NAME OF HUSBAND OR WIFE **CARL STEWART, husband**

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. **None** 17. INFORMANT Address **CARL STEWART, 2506 E. 21st. St. K.C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Atelectasis of lung, hydropericardium**
Mitral Regurgitation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Generalized anasarca**
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 Month, Day, Year _____ a.m. _____ p.m.

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 **1-22-62** to **1-23-62** and last saw her/him alive on **1-23-62**
Death occurred at **8:35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. Turner** (Degree or title) 22b. ADDRESS **1612 E. 12th. St. K.C. Mo.** 22c. DATE SIGNED **1-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-27-62** 23c. NAME OF CEMETERY OR CREMATORY **Blue Ridge Lawn** 23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR ADDRESS **Watkins Bros. Funeral Home 18th & Benton** 25. DATE RECD. BY LOCAL REG. **1-26-62** 26. REGISTRAR'S SIGNATURE **Cluth Long**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF Atelectasis of lung, hydropericardium
 Mitral regurgitation
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF attending physician
 W. Turner
 SHOULD READ
 Mitral regurgitation
 ITEM NO. 18a

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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: