

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009222

STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 24

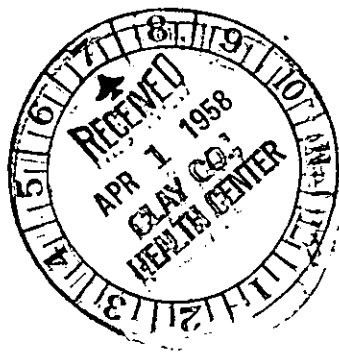
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs,</u>		c. CITY OR TOWN <u>Excelsior Springs</u> <u>6002</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>643 N. Main St.</u>		d. STREET ADDRESS (If outside, give location) <u>643 N. Main St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Stewart</u> Last <u>Stewart</u>		4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>58</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-22-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Liberty, Mo.</u>
13a. FATHER'S NAME <u>Ben Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Julia (last name unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Ann Smith</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>491-01-8458</u>	17. INFORMANT Address <u>Mrs. Georgia Stewart Ex. Spgs, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Valvular heart disease &amp; decompensation</u> DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>4214</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 <u>5:40</u> Month <u>Mar</u> Day <u>24</u> Year <u>1958</u> a.m. <u>pm</u>		20d. INJURY OCCURRED WHILE AT <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 <u>Clay</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Aug 1954</u> to <u>Mar 24, 1958</u> and last saw him alive on <u>24 Mar. 1958</u> Death occurred at <u>5:40 pm 24 Mar 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George E. Sanders M.D.</u>		22b. ADDRESS <u>Excelsior Springs, Mo.</u>	
22c. DATE SIGNED <u>3-25-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-28-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
23d. LOCATION (City, town, or county) <u>Liberty, Missouri</u>		23e. REGISTRAR'S SIGNATURE <u>Baroline Huchings</u>	
24. FUNERAL DIRECTOR <u>Richard Funeral Home, Exc Springs Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-29-58</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

th, lfare lic vice  
All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)



APR 11 1958

### 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 *Ralph Van Landingham* .....

Licensed Embalmer No. *4-009* .....

P. O. Address *Memphis, Tenn.* .....

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.