

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. **11593**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **430**

1. PLACE OF DEATH a. COUNTY <b>Cochran</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>442.2 mo</b>		d. STREET ADDRESS (If rural, give location) <b>1008 Dwight Bldg 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp. #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>V</b> c. (Last) <b>Stewart</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 18 1949</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Mar. 6, 1864</b>
9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>12</b>	11. BIRTHPLACE (State or foreign country) <b>Winton Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	

13a. FATHER'S NAME <b>Griffin Vineyard</b>		13b. MOTHER'S MAIDEN NAME <b>Mary J. Macey</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Carlton Beaton</b>	
				ADDRESS <b>1025 Grand Ave K.C.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Suddenly</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROSIS 10 yrs</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 15, 1948**, to **4-18, 1949**, that I last saw the deceased alive on **4-18, 1949**, and that death occurred at **3:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Cassin</b>		(Deputy of title)		23b. ADDRESS <b>State Hospital</b>		23c. DATE SIGNED <b>4-18-1949</b>	
24a. BURIAL OR CREMATION REMOVAL (Specify)		24b. DATE <b>April 20, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City</b>		24d. LOCALITY (City, town, or county) (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 19, 1949</b>		REGISTRAR'S SIGNATURE <b>W. B. Jenkins</b>		382		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure Funeral Home K.C. Mo.</b>	
						ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1949 JUN 20 02 0330

JUN 20 1949

JUN 20 1949

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 .....  
Student Embalmer

Signed Max E. Meyer

Licensed Embalmer No. 4555

P. O. Address. Kansas City, 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 this body is not embalmed, fact should be so stated above.