

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23661

3100

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 403
d. FULL NAME OF HOSPITAL OR INSTITUTION 2114 A East 311		d. STREET ADDRESS (If rural, give location) 2114 A - East 31		
3. NAME OF DECEASED (Type or Print) Edna B Stewart		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July-16-1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, REMARRIED (Specify) Widowed	8. DATE OF BIRTH Mar-23-1882	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nurse	11. BIRTHPLACE (State or foreign country) Pose county Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Andrew J. Cooley		13b. MOTHER'S MAIDEN NAME Lettie Krills	14. NAME OF HUSBAND OR WIFE Chas P. Stewart	
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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. H. Reutepohler - So. Euclid Ohio	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no		INTERVAL BETWEEN ONSET AND DEATH - 20 years 5 yrs 10 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) (Minute)	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 June 1, 1949 to July 16, 1949 that I last saw the deceased alive on July 16, 1949 and that death occurred at 4:00 m., from the causes and on the date stated above.				
23a. SIGNATURE M. B. Casbolt MD (Degree or title)		23b. ADDRESS 4000 Baltimore X. City		23c. DATE SIGNED 7/16/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July-18-49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem	24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG 7-17-49	REGISTRAR'S SIGNATURE Geraldine Helms	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. P. Doehler - 1415 E 15		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. M. B. Casbolt. 40th Bath Va. 5115

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.

Signed..... *X P Doshler*

Signed.....
Student Embalmer

Licensed Embalmer No. *1166-M*

P. O. Address *1415 E 15 AC*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.