

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33886**
Registrar's No. **4191**

No. 300
10.48

BIRTH NO. 61827-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

| | | | |
|---|--|---|---|
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | d. STREET ADDRESS (If rural, give location) 12th & Central | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) Wayne c. (Last) Stewart | | 4. DATE OF DEATH (Month) (Day) (Year) 8 31 51 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH 8-30-51 |
| 9. AGE (In years last birthday) 0 | | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hour 8 Min. 19 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Kansas City, Jackson, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | 13a. FATHER'S NAME --- | |
| 13b. MOTHER'S MAIDEN NAME Lois J. Gibson | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Lois Gibson Stewart | | ADDRESS 1206 Central | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Foetal atelectasis of lungs ANTECEDENT CAUSES with interstitial hemorrhage DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 7620 | |
| 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) (Min.) | 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 <u>Aug. 30</u> , 19 <u>51</u> , to <u>Aug. 31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug. 31</u> , 19 <u>51</u> , and that death occurred at <u>5:05 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE W. L. Burns M.D. (Degree or title) | | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 8-31-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 10-2-51 | 24c. NAME OF CEMETERY OR CREMATORY Grinde | 24d. LOCATION (City, town, or county) (State) Kansas City MO |
| DATE REC'D BY LOCAL REG. 10-2-51 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Wm A. Schaeffer | ADDRESS 15th & Mo |

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

9933

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

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wm. R. Schuyler*

Licensed Embalmer No. *3889*

P. O. Address *N. C. 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.