

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39093**  
Registrar's No. **438**

FILED NOV 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5570**

1. PLACE OF DEATH a. COUNTY <b>Jackson</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) OR TOWN <b>Rural, Ft. Osage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Ft. Osage</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1 mile SW Buckner, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile SW Buckner, Mo</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Katherine</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Steward</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 31 1952</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 19, 1878</b>	9. AGE (in years last birthday) <b>73</b>	Months <b>10</b>	Days <b>12</b>	IF UNDER 12 Mths. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Fred Hughes</b>	13b. MOTHER'S MAIDEN NAME <b>SSusie Hamilton</b>	14. NAME OF HUSBAND OR WIFE <b>Walter P. Steward</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alfred Steward</b>	ADDRESS <b>Buckner, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral hemorrhage</b> DUE TO (c) <b>arterio-sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **May, 1946**, to **Oct. 31, 1952**, that I last saw the deceased alive on **Oct 31, 1952**, and that death occurred at **4:10 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John L. Weisler DO</b>	23b. ADDRESS <b>Buckner, Mo.</b>	23c. DATE SIGNED <b>Nov. 1, 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Nov. 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Six Mile Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson county Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-2-52</b>	REGISTRAR'S SIGNATURE <b>Ronald E. Daly</b>	354	25. FUNERAL DIRECTOR'S SIGNATURE <b>Demou M. Roberts</b>	ADDRESS <b>Buckner, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. 4604

~~working under my personal supervision~~

Student \_\_\_\_\_  
Student Embalmer

Signed Ralph Jones  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address Buckner, 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.