

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41617

State File No.

FILED JAN 5 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1348

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 25 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			d. STREET ADDRESS (If rural, give location) 4819 King Hill Ave.		

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Darrell c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-manager		10b. KIND OF BUSINESS OR INDUSTRY Roofing Co.		11. BIRTHPLACE (State or foreign country) Garrison Crossing Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Mary Doty		14. NAME OF HUSBAND OR WIFE Mary Stewart			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-36-1233		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Stewart 4819 King Hill Ave.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Symphosarcoma</i>					INTERVAL BETWEEN ONSET AND DEATH 1951
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Afordid conditions, if any, giving DUE TO (b) rise to the above cause (a), stating the underlying cause last.					
		DUE TO (c)					
		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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 6/7 1952, to 12/19 1952, that I last saw the deceased alive on 12/19 1952 and that death occurred at 6:45P m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>W. C. ...</i>		22b. ADDRESS 902 Edward		22c. DATE SIGNED 12/22/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Pub. Cem. St. Joseph, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Dec 29, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Casuta</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home 120 Illinois Ave.	
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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.

working under my personal supervision.

Student
Student Embalmer

Signed *Erna Clark*.....

Licensed Embalmer No. 4235.....

P. O. Address *St Joseph 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.