

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42451**  
**5332**

**FILED DEC 20 1952**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>2558</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2005 EAST 36<sup>TH</sup> STREET</u>				d. STREET ADDRESS (If rural, give location) <u>2005 EAST 36<sup>TH</sup> STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANSEL</u> b. (Middle) <u>CLYDE</u> c. (Last) <u>STEWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 4-1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN-17-1883</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN insecticide</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROE WELL LABORATORY DISTRICT KANSAS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LYONS KANSAS</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH STEWART</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. JEAN D. STEWART</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>510-05-7015</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. JEAN D. STEWART 2005 E 36<sup>TH</sup> ST KANSAS CITY MO</u>			
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) <u>Acute coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>Dec. 4, 1952</u> , to <u>Dec. 4, 1952</u> , that I last saw the deceased alive on <u>Dec. 4, 1952</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1025 Rialto Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>12-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer's Sons</u> ADDRESS <u>1391 BRUSH CREEK KANSAS CITY, MO.</u>			

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

*John B. Lewis*

Licensed Embalmer No. 4875

P. O. Address KC 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.