

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1647**

FILED FEB 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **166**

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) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>45 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>5847 Montgall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>General Hospital # 1</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Laten</b>	b. (Middle) <b>R.</b>	c. (Last) <b>Stewart</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 11 53</b>
-------------------------------------	-------------------------	-----------------------	--------------------------	------------------------------------------------------------

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC-30-1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 10 HRS. Hours   Min.
--------------------	-------------------------------	--------------------------------------------------------------------------	----------------------------------------	-------------------------------------------	----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CEMENT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--------------------------------------------------------------------------------------------------------------	----------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <b>MINATREE STEWART</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY JEFFERIE'S</b>	14. NAME OF HUSBAND OR WIFE <b>KATHERINE STEWART</b>
-----------------------------------------------	------------------------------------------------------	---------------------------------------------------------

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>492-14-3634</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. KATHERINE STEWART</b>	ADDRESS <b>5847 MONTGALL KANSAS CITY, MO.</b>
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------	--------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive gastro-intestinal hemorrhage</b>		due to erosion of esophagus		<b>451X</b>
ANTECEDENT CAUSES		DUE TO (b) <b>due to aneurysm of aorta.</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>arteriosclerosis</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? 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 **Dec. 23, 1952**, to **Jan. 11, 1953**, that I last saw the deceased alive on **Jan. 11, 1953**, and that death occurred at **6:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b>	(Degree or title)	23b. ADDRESS <b>24th &amp; Cherry Sts.</b>	23c. DATE SIGNED <b>1/11/53</b>
-------------------------------------	-------------------	-----------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 13-1953</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>MT. MORIAH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
------------------------------------------------------------	----------------------------------	------------------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>1-13-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newcomer's Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
--------------------------------------------	-------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Toran

Licensed Embalmer No. 4250

P. O. Address MC 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.