

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19178**
2478
Registrar's No.

BIRTH NO. _____ 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. LENGTH OF STAY (in this place) **12 yrs.**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Gen. Hosp. #2 DOA** No. STREET ADDRESS (If rural, give location) **2930 Bales**

3. NAME OF DECEASED (Type or Print) a. (First) **Zena Thomas** b. (Middle) **Stewart** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **May 30, 1954**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 26, 1908** 9. AGE (In years last birthday) **46** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Auto Salesman** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Palano, Texas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Zena Thomas Stewart** 13b. MOTHER'S MAIDEN NAME **Maggie Moss** 14. NAME OF HUSBAND OR WIFE **Grover Stewart**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **513-05-5448** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Grover Stewart 2930 Bales**

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) **Gunshot Wound of Chest with**
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Perforation of Chest wall,**
DUE TO (c) **Right Lung, Aorta & Vena Cava**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Hemothorax.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Homicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **25th & Benton** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Kansas City Jackson MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **5/30/54 10:35 p.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Gunshot.**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L. M. Hillman M.D.** 23b. ADDRESS **1618 Lydia Ave** 23c. DATE SIGNED **6/2/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/3/54** 24c. NAME OF CEMETERY OR CREMATORY **Lincoln Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **6-2-54** REGISTRAR'S SIGNATURE **Geraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Watkins Bros. 18th & Benton**
(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.....
Signature of Student Embalmer

Signed..... *Russell H. Watkins*

Licensed Embalmer No. *45*

P. O. Address *18th St. S.W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.