No. 300
10.48

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27740

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3637

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 11 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 FUCLID AVENUE LEWELLYN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 905 TRACY APARTMENT #12 3158

3. NAME OF DECEASED (Type or Print)
a. (First): MORTIMER
b. (Middle): ALLEN
c. (Last): STUART

4. DATE OF DEATH (Month) (Day) (Year): JULY 23, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 30, 1863
9. AGE (In years last birthday): 91
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): RETIRED 20 YRS
10b. KIND OF BUSINESS OR INDUSTRY: M. D.
11. BIRTHPLACE (City and State or Foreign Country): LONDON, ENGLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN STUART
13b. MOTHER'S MAIDEN NAME: AGNES STUART
14. NAME OF HUSBAND OR WIFE: MARTHA BLAINE STUART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPANISH AMER. WAR VET
16. SOCIAL SECURITY NO.: LOST
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARTHA BLAINE STUART
ADDRESS: 905 TRACY KANSAS CITY MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerosis	3 yrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		45 00

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

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-53, 19__, *to* 7-23-54, 19__, *that I last saw the deceased alive on* 7-23-54, 19__, *and that death occurred at* 3:15 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Paul Laurenzana MD
Frank Paul Laurenzana MD
23b. ADDRESS: 428 S. White Ave
23c. DATE SIGNED: 7-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: JULY 24 1954
24c. NAME OF CEMETERY OR CREMATORY: D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 7-24-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: 331 BRUSH CREEK KANSAS CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard L. Rogers

Licensed Embalmer No. X9.. R.

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.