

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

757 017549

FILED JUN 3 1957

STATE FILE NUMBER

7340-57 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY OR TOWN <i>Hickman Mills, Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Hickman Mills, Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <i>11715 Oakley St</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>11715 Oakley St</i>			Length of stay in lb <i>3 mos</i>		
3. NAME OF DECEASED (Type or print) First <i>Linda Sue</i> Middle <i>Stewart</i> Last <i>Stewart</i>			4. DATE OF DEATH Month <i>May</i> Day <i>20</i> Year <i>1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-28-1957</i>	9. AGE (In years last birthday) <i>3</i>	# UNDER 1 YEAR Months <i>3</i> Days <i></i> Hours <i></i> Mins. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Baby</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>		11. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Henry L Stewart Sr</i>		
14. MOTHER'S MAIDEN NAME <i>Shirley Morris</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT <i>Dorothy Hickman</i> Address <i>5106 Dodson K.C. Mo</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Strokes & Hemorrhage resulting from crust of skull</i>					INTERVAL BETWEEN ONSET AND DEATH <i>9340</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>22</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Cyclone victim</i>			
20c. TIME OF INJURY Hour <i>7:45</i> Month <i>5</i> Day <i>20</i> Year <i>57</i> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Hickman Mills Jackson Mo</i>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Dr. C. A. ...</i>			22b. ADDRESS <i>6627 Park St. St. Louis</i>		22c. DATE SIGNED <i>5-21-57</i>
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Memorial</i>	23b. DATE <i>5-23-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>		
24. FUNERAL DIRECTOR <i>France-Wornall Funeral Home Keokuk</i>		25. DATE READ BY LOCAL REG. <i>5/23/57</i>		26. REGISTRAR'S SIGNATURE <i>Stirling Bradford</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300-1-56

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MAY 28 1957

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 N. Farn*

Licensed Embalmer No. 42

P. O. Address K.C. 7

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.