

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018534

STATE FILE NUMBER

2668

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2668

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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3331 HIGHWAY AVE LITTLE SISTERS OF THE POOR</b>		Length of stay in lb ) <b>2 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>1207 WEST 85TH</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MINNIE BELLE STEWART</b>			4. DATE OF DEATH Month Day Year <b>MAY. 26. 1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR-4-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (City and state or country) <b>CALVERT CITY KENTUCKY</b>
13a. FATHER'S NAME <b>UNKNOWN EVITIS</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM MATT STEWART</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wgr or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. ROBERT CONRAD 1307 WEST 85TH ST. KANSAS CITY, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia (Hypostatic)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			<b>20 yrs.</b>
DUE TO (c) <b>Hypertension</b>			<b>20 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5/1/58</b> to <b>5/26/58</b> and last saw her <sup>her</sup> <sub>with</sub> alive on <b>5/25/58</b> Death occurred at <b>6:00 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarant's title) <b>Joseph A. Fogarty</b>		22b. ADDRESS <b>5811 Truman R. K. 66116</b>	
22c. DATE SIGNED <b>5/26/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>REMOVAL</b>	<b>MAY. 26. 1958</b>	<b>UNION RIDGE CEMETRY</b>	<b>MARSHALL COUNTY KENTUCKY</b>
24. FUNERAL DIRECTOR ADDRESS <b>D.W. NEWCOMER'S SONS 1301 BRUSH CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>

Health, Welfare, Public Service  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Joseph A. Fogarty

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**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 *Charles F. Brown* .....

Licensed Embalmer No. *4931* .....

P. O. Address *REMO* .....

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.