

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018535
STATE FILE NUMBER 2360

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bucyrus <i>81504</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) Rural Route # 2
3. NAME OF DECEASED (Type or print) First MARGARET Middle SCHWARTZ Last STEYAERT			4. DATE OF DEATH Month May Day 9 Year 1958
5. SEX Female	6. COLOR OR RACE Can	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 26, 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and state or country) Bucyrus, Kansas
13a. FATHER'S NAME William J. Schwartz		13b. MOTHER'S MAIDEN NAME Anna Elizabeth Seufferling	14. NAME OF HUSBAND OR WIFE Albert Steyaert
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. -	17. INFORMANT Bill Schwartz Address Kansas City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd & 3rd degree burns			INTERVAL BETWEEN ONSET AND DEATH 1979+
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Alumina entered body DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) alleged to have poured gasoline on clothes & set fire		
20c. TIME OF INJURY Hour 5-7-58 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, city, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Bucyrus COUNTY Linn STATE Kans	
21. I attended the deceased from _____, to _____, and last saw 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 Margaret Steyaert (Degree or title) 3		22b. ADDRESS 1534 Peatto Blvd	
22c. DATE SIGNED 5-9-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 9, 1958	23c. NAME OF CEMETERY OR CREMATORY Queen of Holy Rosary	23d. LOCATION (City, town, or county) (State) Wea, Kansas
24. FUNERAL DIRECTOR Melody-McGilley-Eylar ADDRESS 1800 Linwood K.C.		25. DATE RECD. BY LOCAL REG. 5-9-58	26. REGISTRAR'S SIGNATURE Reva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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 

Licensed Embalmer No. 4137
Address

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.