URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-038697

STATE FILE NUMBER

FILED VS NOV 9 1960

ENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 232

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp. — Length of stay in 1b 24 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Prairie Twp. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 Mi. N. Lee's Summit — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Grant Middle ----- Last Stewart

4. DATE OF DEATH Month Nov. Day 2, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-10-1884
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) Butte, Montana
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Indep. Mo. Jackson County Home Records,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) C.A. of Colan
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Nov. 1, 1960, to Nov. 2, 1960 and last saw him alive on Nov. 2, 1960
Death occurred at 8:10 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS Indep, Mo. Jackson County Hospital
22c. DATE SIGNED 11-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov.4,1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Calvery Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home ~~Langsfo~~ Lee's Summit, Mo.
25. DATE RECD. BY LOCAL REG. 11-3-1960
26. REGISTRAR'S SIGNATURE N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed N. B. Langsford

Signature of Student Embalmer

Licensed Embalmer No. 1496

P. O. Address Leesburg

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