

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1067-61-009160
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1067

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 Yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Hope Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1214 Bales		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First STELLA Middle MAE Last STEWART				4. DATE OF DEATH Month February Day 26 Year 1961					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/13/1881		9. AGE (last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME David Milburn			13b. MOTHER'S MAIDEN NAME Clara Butler			14. NAME OF HUSBAND OR WIFE Joseph E Stewart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Perrin D McElroy Public Admin.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRECHTUPN RUMONIA							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) EMANITION							Months		
DUE TO (c) EAPHYSEMA							Years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized ATHEROSCLEROSIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 1, 1961 to Feb 26, 1961 and last saw her/him alive on Feb 26, 1961 Death occurred at 4:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) John M. Casbolt MD				22b. ADDRESS 4000 Baltimore, A.C., MO			22c. DATE SIGNED 27 Feb '61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/28/61		23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetary		23d. LOCATION (City, town, or county) (State) Kansas City Kansas			
24. FUNERAL DIRECTOR John P Sheil Kansas City Mo				25. DATE RECD. BY LOCAL REG. 2-28-61		26. REGISTRAR'S SIGNATURE Ruth Long			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

John M. Casbolt

BY AFFIDAVIT OF

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 Thomas A. Smith

Licensed Embalmer No. 4954

P. O. Address H. C. M.

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.