SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-020728
STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 101

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Smithville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 miles No.East Smithville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Amanda Middle: Birdie Last: Stewart
4. DATE OF DEATH Month: June Day: 27 Year: 1961
5. SEX: Fe
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-10-83
9. AGE (last birthday): 78 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Clay Co., Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Annanias Stewart
13b. MOTHER'S MAIDEN NAME: Lucy A. Benton
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: J. T. Stewart Address: Smithville, Mo.

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) Bronchial Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Hypertensive Degeneration c
DUE TO (c) Right Heart Failure
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 5-27-61, to 6-27-61 and last saw her/him alive on 6-27-61
Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E B Hobbs (Degree or title) MD
22b. ADDRESS Smithville, Mo
22c. DATE SIGNED 6-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-29-61
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Smithville, Missouri

24. FUNERAL DIRECTOR: McComas Funeral Home ADDRESS: Smithville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-29-61
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo

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.