

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1367  
State File No. 252

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 252			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry Co					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo		c. LENGTH OF STAY (In this place) 2 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton, Mo		p 420			
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital				d. STREET ADDRESS (If rural, give location) Rt 5					
3. NAME OF DECEASED (Type or Print) Betty Jane Smith			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH April 24, 1941	
9. AGE (In years last birthday) 8 yrs		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (State or foreign country) Clinton, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gen Joseph Smith			13b. MOTHER'S MAIDEN NAME Dorothy Woody			14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Thos H. Smith		ADDRESS Clinton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, ashenia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute leukemia  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Jan 16, 1950, to Jan 16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 3:40 p.m., from the causes and on the date stated above.									
23a. SIGNATURE R. A. McCause, MD			23b. ADDRESS Mercy Hospital			23c. DATE SIGNED 1-16-50			
24a. BURIAL (CREMATION-REMOVAL) PUNIAL		24b. DATE Jan 18 1950		24c. NAME OF CEMETERY OR CREMATORY CLINTON CEMETERY		24d. LOCATION (City, town, or county) (State) Clinton, Missouri			
DATE REC'D BY LOCAL REG. 1-17-50				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CONSALUS FUNERAL Home Clinton Mo			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_  
Student Embalmer

Signed Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Houston, Texas

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 this body is not embalmed, fact should be so stated above.