

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9186

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>5</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN. <u>Rural-Washington</u>)			c. LENGTH OF STAY (in this place) <u>21 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>3348</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H way 71 & Bannister Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>2640 Cypress</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NOAH</u>		b. (Middle) <u>LOUIS</u>		c. (Last) <u>SMITH</u>			
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>9</u>		(Year) <u>1950</u>			
5. SEX <u>male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 23 1896</u>			
9. AGE (in years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>C.L. Criger Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Sweet Springs, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wm Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Phoebe Jane Killeon</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>496-01-8809</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Marie Smith</u>				ADDRESS <u>2640 Cypress</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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. <u>I have treated him for hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Arterio Sclerosis - Post Refused</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. A. Owens, Coroner</u>				23b. ADDRESS <u>1034 Beato Bldg.</u>			23c. DATE SIGNED <u>3-10-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn</u>		24d. LOCATION (city, town, or county) (State) <u>Blackburn Mo.</u>			
DATE REG'D BY LOCAL REG. <u>3/11/50</u>		REGISTRAR'S SIGNATURE <u>Dr. Anne S. Hedges</u>		1316		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u>			
						ADDRESS <u>Kansas City</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

MAR 21 RECD

APR 11 1951

OCT 17 1956

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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