

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13265

State File No. _____

FILED APR 21 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1415

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>JACKSON</u>			a. STATE <u>Mo.</u>		b. COUNTY <u>RAY</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>7 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRIN</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WHEATLEY PROVIDENT HOSPITAL</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>TOUSSAINT</u>			(Month) (Day) (Year) <u>MARCH 25, 1950</u>		
b. (Middle) _____			c. (Last) <u>SMITH</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 23, 1900</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>+</u> Days <u>+</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13. FATHER'S NAME _____		

13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Mattie Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Nephritis</u>			
		DUE TO (c) <u>Essential Hypertension</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 3-18-, 1950, to 3-25-, 1950, that I last saw the deceased alive on 3-25-, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Weniger L. Dixon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>220. 4 1/2 E 18th</u>		23c. DATE SIGNED <u>3-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hardin Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-26-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kayschuld & Bouchuding</u>	
				ADDRESS <u>Hardin Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

108

0

MAY 24 1958

MAR 16 1957

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.

Signed _____

August Buecherding

Licensed Embalmer No. *4678*

Signed _____
Student Embalmer

P. O. Address *Hardin, 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 this body is not embalmed, fact should be so stated above.