

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30784

FILED OCT 11 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <p align="center"><b>Jackson</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center"><b>Missouri</b></p> b. COUNTY <p align="center"><b>Jackson</b></p>	
b. CITY OR TOWN <p align="center"><b>Rural</b></p>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <p align="center"><b>Rural</b></p>	0480
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>110th &amp; State Line</b></p>		d. STREET ADDRESS (If rural, give location) <p align="center"><b>110th &amp; State Line</b></p>	

3. NAME OF DECEASED (Type or Print) <b>WESLEY</b>	a. (First) <b>J.</b>	b. (Middle)	c. (Last) <b>SMALLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 26, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 15, 1895</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President, Smalley Automotive Supply Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Charles W. Smalley</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Sparrow</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lillian Smalley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>World War I</b>	16. SOCIAL SECURITY NO. <b>486-03-4182</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lillian Smalley Kansas City, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>		<b>about 3 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Hypertensive arteriosclerosis</b>		<b>April 13-50</b> <b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 21, 1947, to Sept 26, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at 4:25 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Allen P. Spafford M.D.</b>	23b. ADDRESS <b>1342 Bldg K.E. No.</b>	23c. DATE SIGNED <b>Sept 27-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-28-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/27/50</b>	REGISTRAR'S SIGNATURE <b>Annie G. Hedgus</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>
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HS.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 RECD

APR 17 1951

Copy to Body.

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.....

.....  
working under my personal supervision.

Signed J. B. Freeman Student Embalmer No. ....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2939

P. O. Address F. C. W.

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.