

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33822**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>		Registrar's No. <b>390</b>		
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>INDEPENDENCE</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>INDEPENDENCE</b>		<b>0484</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1214 W. SHORT ST.</b>				d. STREET ADDRESS (If rural, give location) <b>1214 W. SHORT</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>NINA</b>		b. (Middle) <b>G.</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 8 1950</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 16, 1886</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME MAKING</b>		11. BIRTHPLACE (State or foreign country) <b>HARRISON COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>JOHN GRENAWALT</b>			13b. MOTHER'S MAIDEN NAME <b>FANNIE ROBINSON</b>		14. NAME OF HUSBAND OR WIFE <b>ISRAEL A. SMITH</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ISRAEL A. SMITH 1214 W. SHORT ST.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</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 <b>acute</b>  <b>yes</b>  <b>4301</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)		21e. INJURY, OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>May 10, 1946</b> to <b>10/8, 1950</b> , that I last saw the deceased alive on <b>10/8, 1950</b> , and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Vance E. Link, M.D.</b>				23b. ADDRESS <b>Independence, Mo.</b>		23c. DATE SIGNED <b>10/9/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 11 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOUND GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 10 1950</b>		REGISTRAR'S SIGNATURE <b>James D. Seal</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry H. Stahl</b>		ADDRESS <b>INDEPENDENCE MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300

V. 10.48

484

JAN 23 1959

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.

Student .....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3156

P. O. Address Independence

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.