

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12808
1425
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

3

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

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE KANSAS c. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. LENGTH OF STAY (In this place) non Resident | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SIDNEY'S RESTAURANT 3623 BROADWAY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MISSION | |
| | | d. STREET ADDRESS (If rural, give location) 7041 GRANADA ROAD | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Elisha b. (Middle) Albert c. (Last) SMART | | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 30 1951 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JUNE 2, 1911 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD WORKS JACKSON Co. Missouri | 9. AGE (In years last birthday) 39 |
| 11. BIRTHPLACE (State or foreign country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME THOMAS A. SMART | | 13b. MOTHER'S MAIDEN NAME Jimmie LAUDEMAN | |
| 14. NAME OF HUSBAND OR WIFE MRS ELOISE D SMART | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES W.W. 2 | | 16. SOCIAL SECURITY NO. 524-12-4596 | |
| 17. INFORMANT'S SIGNATURE OR NAME MRS ELOISE D SMART | | ADDRESS 7041 GRANADA MISSION KANSAS | |
| MEDICAL CERTIFICATION | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Thrombosis Coronary Thrombosis Anginal Syndrome DUE TO (b) 1947 DUE TO (c) 1949 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19c. 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) Kansas City Johnson Mo. | | | |
| 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 11:24, 1950 to 3:30, 1951 , that I last saw the deceased alive on 3-6, 1951 , and that death occurred at 12:10 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE F. Stanley Mores (Degree or title) M.D. | | 23b. ADDRESS 1512 Professional Bldg. | |
| | | 23c. DATE SIGNED 3-31-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 24b. DATE APR 2-1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY DW. NEWCOMER'S SONS | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
| DATE REC'D BY LOCAL REG. 4-2-51 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE D.V. Newcomer's Sons ADDRESS 1331-BRUSH CREEK KANSAS CITY MO. | |

MAY 4 1953

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 Embalmer No.....

Signed.....
Student Embalmer

Signed *Jess T. Deuss*

Licensed Embalmer No. *4453*

P. O. Address *Kansas City*

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.