

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16812

State File No.

2063

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

3008
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY UNKNOWN</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Hosp. No. 2</u>		d. STREET ADDRESS <u>UNKNOWN 3008</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noel</u>	b. (Middle) _____	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>C.O.L.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 29, 1916</u>	9. AGE (In years last birthday) <u>34 yrs.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>I.R. Laborer, Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Independence, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gilbert Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Stanley</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>Yes World War I 5/2-25-4477</u>	16. SOCIAL SECURITY NO. <u>512-25-4477</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Smith</u>	ADDRESS <u>1002 W. 13th Coffeyville, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Shock & Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2800 35</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Crushed left leg & body</u> <u>Posture</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>2nd Main St</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/10/51 12:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed by train</u>
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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 <u>Thos. J. Corcoran M.D.</u>	23b. ADDRESS <u>1617 E 12th</u>	23c. DATE SIGNED <u>5/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>May 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffeyville</u>	24d. LOCATION (City, town, or county) (State) <u>Coffeyville, Kans.</u>
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DATE REC'D BY LOCAL REG. <u>5-14-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis</u>	ADDRESS <u>1415 Truman</u>
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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 _____

L. E. Davis

Licensed Embalmer No. 4417

P. O. Address K. C. 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.