

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23229
3031

State File No.

FILED AUG 4 1951

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

3

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">27 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p style="text-align: center;">211 Gillis</p>		d. STREET ADDRESS <p style="text-align: center;">2309 Lister</p>		2518 3570	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Archie</p>		b. (Middle) <p style="text-align: center;">L.</p>		c. (Last) <p style="text-align: center;">SMITH</p>	
4. DATE OF DEATH <p style="text-align: center;">July 16, 1951</p>		5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">4-15-82</p>		9. AGE (in years last birthday) <u>69</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Labor Foreman</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Gas Service Co.</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Higginsville, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		13a. FATHER'S NAME <p style="text-align: center;">George D. Smith</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Sarah Fette</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Daisy A. Smith</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">487-10-7920</p>	
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Daisy A. Smith, 2309 Lister, KC, Mo.</p>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cause of death unknown</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">1955 7 6</p>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 <p style="text-align: center;">Part Refused</p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">2</p>		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) (m.)		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 _____, 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 <p style="text-align: center;">Hugh H Owens M D</p>		23b. ADDRESS <p style="text-align: center;">1034 Pacific Blvd</p>		23c. DATE SIGNED <p style="text-align: center;">7-17-57</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">7-18-51</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Floral Hills</p>	
24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Melody-McGilley-Eyler, Kansas City, Mo.</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">7-17-51</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Holmes</p>		ADDRESS	

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..... *Max S. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address..... *A. C. M*

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.