

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37586

State File No. _____
Registrar's No. 4929

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

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</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>122 North Belmont Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16-1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>(Jimmy)</u> c. (Last) <u>Smith</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 10-1893</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary - Painter - Parking Station Owner</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ravenna Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Michael Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Bogard</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Smith</u>		ADDRESS <u>122 No. Belmont K.C. Mo</u>	

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) <u>Generalized Peritonitis</u>		DUPLICATE		<u>5 days.</u>	
ANTECEDENT CAUSES		DUPLICATE		<u>5 days.</u>	
DUE TO (b) <u>Perforation of Sigmoid</u>		DUPLICATE		<u>3 mo.</u>	
DUE TO (c) <u>Carcinoma of Sigmoid</u>		DUPLICATE		<u>153X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extensive liver metastases.</u>		DUPLICATE		<u>153X</u>	
19a. DATE OF OPERATION <u>11-3-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid & liver metastases.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 10-31, 1951, to 11-16, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at 10³⁰A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Wilkinson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City, Missouri</u>		23c. DATE SIGNED <u>Nov. 17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 19-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>11-17-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Butler's Sons</u>	
		ADDRESS <u>Kansas City, Kansas</u>		ADDRESS <u>Kansas City, Kansas</u>	

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

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.....
Paul Rice

Licensed Embalmer No. *3426 Missouri*

P. O. Address *Kansas City 2 Kansas*

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.