

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

320

FILED JAN 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>					
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>27 yrs</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph 0117</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>911 Randolph St</u>				d. STREET ADDRESS (if rural, give location) <u>911 Randolph 0</u>					
3. NAME OF DECEASED (Type or Print) <u>ROBERT GREEN-SMILEY</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>1</u>		<u>6</u>		<u>1952</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/5/1877</u>			
9. AGE (in years last birthday) <u>74</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Railway Mail Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Downing Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Stacey E. Smiley</u>			13b. MOTHER'S MAIDEN NAME <u>Bvie Lewis</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence E. Smiley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-14-4944</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence E. Smiley</u>		ADDRESS <u>St. Joseph 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion - Coronary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>				10 months	
				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 <u>4201</u>				20. AUTOPSY? YES <input 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)		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 <u>4-17-50</u> , 19 <u>50</u> , to <u>1-6-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-10-51</u> , 19 <u>51</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>McSinnis MD</u> (Degree or title)				23b. ADDRESS <u>207 P &amp; S Bldg, St Joseph</u>		23c. DATE SIGNED <u>1-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/9/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. C... 446</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stacey Funeral Home - St Joseph</u>					

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

(Licensed Embalmers' Statement on Reverse Side)

**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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.**