

No. 30
10. 48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1504

State File No.

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 188

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|---|---|---|--|
| 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>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) <u>319 East 3 St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Osteopathic Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Cloyd Phillip Smoot</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1952</u> | |
| a. (First) b. (Middle) c. (Last) | | | |
| 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>Mar. 28 1918</u> |
| 9. AGE (In years last birthday) <u>33</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>Trucker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Truman-Bowser- Truck</u> | 11. BIRTHPLACE (State or foreign country) <u>Atlanta, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John P. Smoot</u> | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen Lucile Smoot</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War # 2 Navy-</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Lucile Smoot, Macon, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke & hemorrhage resulting from extension fracture of skull.</u> 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. <u>2 car collision</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 21c. CITY, TOWN OR TOWNSHIP <u>Richmond, Mo.</u> (COUNTY) <u>Madison</u> (STATE) <u>Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 6 1952</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>automobile accident</u> | |
| 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>Geo. C. Kealhofer</u> (Degree or title) <u>Deputy coroner</u> | | 23b. ADDRESS <u>4050 Besoldway E. Mo.</u> | 23c. DATE SIGNED <u>1-12-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Jan 12 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodland</u> | 24d. LOCATION (City, town, or county) (State) <u>Macon, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>1-13-52</u> | REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster, 918 Brookly Kas. City, Mo.</u> ADDRESS | |

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

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EMERALD

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EMERALD

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

Joe B. Yoder

Licensed Embalmer No. 4173

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.