

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8583**  
Registrar's No. **1353**

FILED APR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1353

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2805 Gillham Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2805 Gillham Road</b>		3438 3430	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VELDE</b> b. (Middle) <b>D.</b> c. (Last) <b>SMALLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 22, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 5, 1897</b>
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Filling Station Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hopedale, Illinois</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William Smalley</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Sparrow</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Irene Smalley</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>495-03-6882</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Irene Smalley 2805 Gillham Rd.</b>	ADDRESS
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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, asphyxia, 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) <b>Coronary thrombosis</b>		<b>30 Min</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis &amp; Hypertension</b>		<b>Several years</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>42 yr</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 1947**, to **Mar 22, 1952**, that I last saw the deceased alive on **Mar 12, 1952**, and that death occurred at **3:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. L. Spafford</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1414 Prof. Bldg K.C. Mo.</b>	23c. DATE SIGNED <b>Mar. 22-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>3/25/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-22-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>	ADDRESS
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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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

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STANDARD CERTIFICATE OF DEATH**

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BIRTH NO.		REG. DIST. NO. <u>148</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1353</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (When deceased lived in institution, indicate before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write NEAR and give name of town) <u>Kansas City</u>		c. LENGTH OF STAY (If less than 20 yrs.) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write NEAR and give name of town) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2805 Gillham Road</u>				d. STREET ADDRESS (If rural, give location) <u>2805 Gillham Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VELDE</u>		b. (Middle) <u>D.</u>		c. (Last) <u>SMALLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1952</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>1898</u> <u>May 5, 1898</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilling Station Operator</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hopedale, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Smalley</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Sparrow</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Irene Smalley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-03-6882</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Smalley</u> ADDRESS <u>1805 Gillham Rd.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES				<u>30 Min</u>	
*This does not mean the mode of dying, such as heart failure, exhaustion, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis hypertensive</u>				<u>Several years</u>	
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		Corrected by affidavit of informant and a document--Birth Certificate					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Corr. 6-9-64)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Feb. 1947</u> , to <u>Mar 22, 1952</u> , that I last saw the deceased alive on <u>Mar 12, 1952</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Spafford</u> (Sign or Print)				23b. ADDRESS <u>W. D. 1414 Prof. Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>Mar. 22-52</u>	
24a. BURIAL CREMATION, REMOVAL, OR OTHER DISPOSITION <u>Crementation</u>		24b. DATE <u>3/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-52</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</u>			

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