S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 4 1952

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

State File No. 24672
3390

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 40 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hosp. Med. Cntr.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: MO.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
d. STREET ADDRESS (If rural, give location): 407 E 47 Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Frank
b. (Middle): Earl
c. (Last): Smith Sr.

**4. DATE OF DEATH** (Month) (Day) (Year): 7 - 25 - 52

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: JAN-21-1887
**9. AGE** (In years last birthday): 65
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): CIVIL ENGINEER
**10b. KIND OF BUSINESS OR INDUSTRY**: J.F. PRITCHARD & Co.
**11. BIRTHPLACE** (City and State or Foreign Country): ~~SENECA~~ SENECA KANSAS
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: WILLIAM H. SMITH
**13b. MOTHER'S MAIDEN NAME**: ELENOR AMOS
**14. NAME OF HUSBAND OR WIFE**: MRS. CLARA W. SMITH

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): - - - - - -
**16. SOCIAL SECURITY NO.**: 486-26-5766
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. CLARA W. SMITH
ADDRESS: 407 EAST 47TH ST. KANSAS CITY, MO.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Arteriosclerosis — ?
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**
**20. AUTOPSY?** YES ☑ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from* July 7, 1952, *to* July 25, 1952, *that I last saw the deceased alive on* July 24, 1952, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Jack W. Wolf (Degree or title): M.D.
**23b. ADDRESS**: 206 Angle Bldg. Kansas City, Mo.
**23c. DATE SIGNED**: July 25 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): CREMATION
**24b. DATE**: JULY-28-1952
**24c. NAME OF CEMETERY OR CREMATORY**: D.W. NEWCOMER'S SONS
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 7-28-52
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: W.H. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's 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 Basil Honey

Licensed Embalmer No. 472 H

P. O. Address Oakland, 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.