

No. 300
10.48

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24674

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3202</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) c. LENGTH OF STAY (in this place) <u>app. 6 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural give location) <u>14th and Nichols Parkway</u>			
3. NAME OF DECEASED a. (First) <u>J. James</u> b. (Middle) <u>G.</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>10</u> (Year) <u>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>4/25/1886</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Smith</u> Wife			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Smith</u> ADDRESS <u>3404 Lafayette 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Duodenal Ulcer</u> ANTECEDENT CAUSES <u>Chronic Duodenal Ulcer</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Duodenal Ulcer</u> DUE TO (c) <u>Chronic Dyspepsia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u> <u>5 years.</u> <u>5 years.</u>	
19. DATE OF OPERATION <u>7/6/52</u>		19a. MAJOR FINDINGS OF OPERATION <u>Perforated Duodenal Ulcer</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 <u>2-10</u> , 19 <u>49</u> , to <u>July 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>52</u> , and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Byers M.D.</u> (Degree or title)				23b. ADDRESS <u>4635 Wyandotte, R.C.2. Mo</u>		23c. DATE SIGNED <u>7/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-15-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmquist</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. G. ...</u> ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer) 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, ~~DE BY~~.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ellis E. Boyan*.....

Licensed Embalmer No. *4795*.....

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.