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

FILED SEP 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31874

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3982

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): 4 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2508 Troost 3438

3. NAME OF DECEASED (Type or Print).
a. (First): BARNETT
b. (Middle): K
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Sept 6 1952

5. SEX: 0 Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: June 28 1910
9. AGE (In years last birthday): 42 — 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): Bell Boy--Pickwick Hotel
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brownwood Texas /
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: ARTHUR SMITH
13b. MOTHER'S MAIDEN NAME: MAUDE KEELER
14. NAME OF HUSBAND OR WIFE: Leora 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.: 525-34-5699
17. INFORMANT'S SIGNATURE OR NAME: Leora Smith — ADDRESS: 2508 Troost

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 3 years
2 mitral Stenosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 410A

19a. DATE OF OPERATION: 8/26/52
19b. MAJOR FINDINGS OF OPERATION: Rheumatic Heart Disease - Mitral Stenosis
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* 8/9, 1952, *to* 9/6, 1952, *that I last saw the deceased alive on* 9/6, 1952, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur Adelman (Degree or title): Arthur Adelman, M.D.
23b. ADDRESS: 909 Professional Bldg.
23c. DATE SIGNED: 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 9 1952
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Los Angeles, Calif

DATE REC'D BY LOCAL REG.: 9-9-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Quick & Robin — ADDRESS: 20 W Linwood

(Licensed Embalmer's Statement on Reverse Side)

no 4383

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 Forrest D Coldsnow

Signed .....
Student Embalmer

Licensed Embalmer No. 4714

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.