

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38930

State File No. 5244

FILED DEC 13 1952

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|--|-------------------------------|--|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wichita</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (in this place township) <u>8 MONTHS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hitchison</u> <u>8150</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Milner Hotel</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Gale</u> c. (Last) <u>Smithson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 1952</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>No Record</u> | 8. DATE OF BIRTH <u>Sept. 29, 1875</u> | 9. AGE (in years last birthday) <u>77</u> | 10. MONTHS <u>77</u> | 11. DAYS <u>77</u> | 12. HOURS <u>77</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hanover, Ind.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>George D. Smithson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Hanna</u> | | 14. NAME OF HUSBAND OR WIFE <u>No Record</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Record</u> | | 16. SOCIAL SECURITY NO. <u>No Record</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records - K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum & spread to Bladder</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. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> <u>15</u> | |
| 19a. DATE OF OPERATION <u>11-7-46</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum</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) (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>Feb 27, 1922</u> , to <u>Dec 1, 1952</u> , that I last saw the deceased alive on <u>Dec 30, 1952</u> and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Ralph B. Samson</u> (Degree or title) | | | | 23b. ADDRESS <u>M.R. Kansas City, Mo</u> | | 23c. DATE SIGNED <u>12-1-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>12-1-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Nortonville, Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-1-52</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K.C. Kansas</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jimmy S. Huber

Licensed Embalmer No. 4092

P. O. Address Missouri, Kans.

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.