

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21744**
Registrar's No. **2992**

FILED JUL 9 - 1953
BIRTH NO.

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 63 YEARS		e. STREET ADDRESS (If rural, give location) 1416 ASKEW AVENUE 3248	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE b. (Middle) A c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 11 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) FOLIET, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME DAMOSE L. LAFONTAINE		13b. MOTHER'S MAIDEN NAME LUCY BREZEE	14. NAME OF HUSBAND OR WIFE JOHN T. SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-12-4825D	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Blanche Best 3005 Spruce Ave. Kansas City, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Surgical shock following fall + fracture dislocation left shoulder + manipulation ANTECEDENT CAUSES Due to (b) unknown Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Adrenal Pheochromocytoma - Emil Carmichael DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semilogic age 82	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Senility age 82	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH 29030	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-4-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in bathroom -	
22. I hereby certify that I attended the deceased from June 4, 1953 , to June 11, 1953 that I last saw the deceased alive on June 11, 1953 and that death occurred at 3:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) Ralph Perry M.D.		23b. ADDRESS 4800 East 24	23c. DATE SIGNED June 13, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 13 1953	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 6-13-53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DRESSING Brush Creek Blvd KANSAS CITY MISSOURI	

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.....
Signature of Student Embalmer

Signed..... *Edward M. Storey*

Licensed Embalmer No. *445*

P. O. Address *K.C. 104*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.