

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32011**
Registrar's No. **4477**

FILED OCT 6 - 1953

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

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

BIRTH MO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4477			
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) Kansas City		c. LENGTH OF STAY (In this place) 7 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION 6520 Edgevale Rd.				d. STREET ADDRESS (If rural, give location) 6520 Edgevale Rd.					
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle) W.		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) 9 14 53			
5. SEX Fe.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-18-1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1000 Hours	IF UNDER 1000 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Minn.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frank H. Burnham			13b. MOTHER'S MAIDEN NAME Jane Sanford		14. NAME OF HUSBAND OR WIFE David J. 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. 043-10-9975D		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. P.T. Gibbons 6520 Edgevale Rd. KCMO.					
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) Carcinoma ovary 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. Pulmonary Edema						INTERVAL BETWEEN ONSET AND DEATH 175h	
19a. DATE OF OPERATION 3/6/53		19b. MAJOR FINDINGS OF OPERATION Ascending Ca. left left						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 3/6 , 19 53 , to 9/14 , 19 53 , that I last saw the deceased alive on 7/13 , 19 53 and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE OF F. L. Felcrabend (Name or title) F. L. Felcrabend, M.D.				23b. ADDRESS Engle Bldg		23c. DATE SIGNED 9/14/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-16-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 9-14-53		REGISTRAR'S SIGNATURE Sheraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler		ADDRESS KCMO.		

Reinterment

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 _____

J. H. Ryan
Licensed Embalmer No. *5744*

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.