

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

32015

4631

FILED OCT 15 1953

BIRTH NO. ....

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

Registrar's No. ....

|   |                               |  |   |   |   |
|---|-------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                        |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>   |                               | c. LENGTH OF STAY (In this place) <b>33 years</b>  | c. CITY OR TOWN <b>KANSAS CITY</b>  |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>   |                               |  | e. STREET ADDRESS (If rural, give location) <b>54 3229 PARK</b>   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>TONY</b> b. (Middle) <b>C. hester</b> c. (Last) <b>SMITH</b>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>September 23, 1953</b>   |   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  | 8. DATE OF BIRTH <b>May 6, 1894</b>   | 9. AGE (In years last birthday) <b>59 years</b>   | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock yard gateman</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Livestock</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Clair County, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |
| 13a. FATHER'S NAME <b>Aaron B. Smith</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Lucinda Garner</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Loie Smith</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>   |                               | 16. SOCIAL SECURITY NO. <b>VA 495-10-5928</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Kansas City, MO</b>  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                               |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary carcinoma of left lung</b>  |   | INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>   |
|   |                               |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br>DUE TO (c) _____ |   | <b>102 X A</b>  |
|   |                               |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis</b> |   | <b>10 yrs,</b>  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |   | 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 <b>July 29</b> , 19 <b>53</b> , to <b>Sept. 23</b> , 19 <b>53</b> and that death occurred at <b>2:40</b> p.m., from the causes and on the date stated above.           |                               |  |   |   |   |
| 23a. SIGNATURE <b>Richard C. Schaffer, M.D.</b>   |                               |  | 23b. ADDRESS <b>VA Hospital K.C. Mo.</b>  |   | 23c. DATE SIGNED  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 24b. DATE <b>25 Sept. 53</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>  | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>                   |   |
| DATE REC'D BY LOCAL REG. <b>9-25-53</b>   |                               | REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Floral Hills Memorial Chapels K. C. Mo.</b> |   |

(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.....  
Signature of Student Embalmer

Signed *Lloyd C McPaul*.....

Licensed Embalmer No. *4853*.....

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