

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1527

374

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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. LENGTH OF STAY (in this place) 30 yrs	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3824-TRUMAN RD			e. STREET ADDRESS (If rural, give location) 3826-TRUMAN RD 3238		

3. NAME OF DECEASED (Type or Print)		a. (First) CARL		b. (Middle) JACOB		c. (Last) SMART SR		4. DATE OF DEATH (Month) (Day) (Year) JAN 21 54		
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5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 1899 NOV 26 1898	9. AGE (in years last birthday) 55 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHANIC		10b. KIND OF BUSINESS OR INDUSTRY GARAGE		11. BIRTHPLACE (City and State or Foreign Country) HOLDEN Mo 0		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Wm SMART		13b. MOTHER'S MAIDEN NAME VIRGINIA FAIR		14. NAME OF HUSBAND OR WIFE Keath Elnora	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If you give war or dates of service) NO U.S. 495-07-4088	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Keath Elnora 3827-Roberts			
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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) <u>Postmortem Lab Exam. showed</u>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>freezing due to acute alcoholism</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3220	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ?	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-21-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>acute freezing due to alcoholism</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <u>Geo C Kealhofer Dist Health Commr 3</u>		23b. ADDRESS 4050 Boulevard St		23c. DATE SIGNED 1-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-23-54	24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON	24d. LOCATION (City, town, or county) (State) Ke C Mo
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DATE REC'D BY LOCAL REG. 1-23-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo C Kealhofer</u>	ADDRESS Ke C Mo
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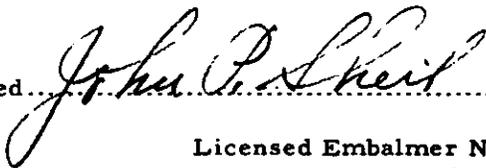
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. 1262

P. O. Address N.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.