

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5068

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 692
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) 6 1/2 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 205 BRUSH CREEK BLVD.		STREET ADDRESS (If rural, give location) 205 BRUSH CREEK BLVD. 3738		
3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) C c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) FEB. 10, 1954			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 6, 1884	9. AGE (In years last birthday) 69 if UNDER 1 YEAR: Months Days if UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Clerk	10b. KIND OF BUSINESS OR INDUSTRY Brain Co.	11. BIRTHPLACE (City and State or Foreign Country) LINCOLN, NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J. SIDNEY SMITH		13b. MOTHER'S MAIDEN NAME GERTRUDE CONKLIN		14. NAME OF HUSBAND OR WIFE JEAN KIRK SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-24-0585	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JEAN KIRK SMITH, 205 BRUSH CREEK BLVD. N.C.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis 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 4 days 5 yrs 331 X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) m.	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 Feb 9, 1954, to Feb 10, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 7:30 Am., from the causes and on the date stated above.				
23a. SIGNATURE M. Donald Mc Farland (Degree or title) M. Donald Mc Farland M.D.		23b. ADDRESS 315 nichols Rd		23c. DATE SIGNED 2-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE FEB. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY DUAL NEWCOMERS SONS	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 2-12-54	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement of 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 *Basil V Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *Idaho*.....

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.