

26361

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. _____

921

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Highland	
c. LENGTH OF STAY (in this place) 15 days		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 St. Josephs Hospital		e. STREET ADDRESS (If rural, give location) 815 8	
3. NAME OF DECEASED a. (First) John (Type or Print)			b. (Middle) Sherman
			c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) August 20, 1954			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH November 2, 1863
9. AGE (in years last birthday) 90	10. MONTHS 0	11. DAYS 0	12. HOURS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. janitor	10b. KIND OF BUSINESS OR INDUSTRY college	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. D. Smith		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Minnie Bell
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. none	17. INFORMANT'S SIGNATURE OR NAME Harry R. Smith, Highland, Kansas	
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, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 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. Fracture, FEMUR, Left.		INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION 8-14-54	19b. MAJOR FINDINGS OF OPERATION see # 11		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highland Doniphan Kansas	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 6 54 4Pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell in home	
22. I hereby certify that I attended the deceased from Aug 6, 1954 , to Aug 20, 1954 , that I last saw the deceased alive on Aug 19, 1954 , and that death occurred at 5:45 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE John A. ...		23b. ADDRESS 420 N 8th St, Highland, Mo	23c. DATE SIGNED 8/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8/20/1954	24c. NAME OF CEMETERY OR CREMATORY Heaton-Bowman	24d. LOCATION (City, town, or county) (State) Highland, Kansas
DATE REC'D BY LOCAL REG. Aug 25, 1954	REGISTRAR'S SIGNATURE Edward M. Allison	FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED JAN 30 1954

Aug

W. J. Quinn

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *495*

P. O. Address *St. Joseph,*

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.