

FILED AUG 18 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27716**

**3615**

BIRTH NO. \_\_\_\_\_ 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) **Kansas City,**  
c. LENGTH OF STAY (in this place) **7 yrs**

c. CITY OR TOWN **Kansas City,**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1315 College**

e. STREET ADDRESS (If rural, give location) **1315 College** **3246**

3. NAME OF DECEASED  
a. (First) **Nellie** b. (Middle) \_\_\_\_\_ c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 22, 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** **2**

8. DATE OF BIRTH **Jan. II, 1874**

9. AGE (in years last birthday) **80**

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) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Ash Grove Mo.** **0**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Aaron Whitehead**

13b. MOTHER'S MAIDEN NAME **Sadie Roberts**

14. NAME OF HUSBAND OR WIFE **Amasa A. 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. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **L.L. VanStavern 1315 College K.C. Mo.**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Heart block**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Arteriosclerosis**  
DUE TO (c) **Old age**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**36 hrs**  
**years**  
**4500**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **1945**, to **7-22-1954**, that I last saw the deceased alive on **7-21-1954**, and that death occurred at **2:25 P** m., from the causes and on the date stated above.

23a. SIGNATURE **E. D. Reese DO** (Degree or title) **2 DO**

23b. ADDRESS **3309 E 12**

23c. DATE SIGNED **7-23-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Renoval**

24b. DATE **Jul. 23 1954**

24c. NAME OF CEMETERY OR CREMATORY **Ash Grove**

24d. LOCATION (City, town, or county) (State) **Ash Grove Mo.**

DATE REC'D BY LOCAL REG. **7-23-54** REGISTRAR'S SIGNATURE **Heraldine Smith Mrs.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Forster Funeral Home Kansas City Mo.**

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

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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. 359

P. O. Address J. C. W.

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.