

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27717
State File No. 3499

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>32 days</u>	c. CITY OR TOWN <u>X Sugar Creek</u>	d. Is residence within limits of a city or incorporated town? <u>Yes</u> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>10515 Burton</u>	
3. NAME OF DECEASED a. (First) <u>Nelson</u> b. (Middle) <u>Reed</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-18-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13-1873</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>newspaper</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Labette Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		13c. NAME OF HUSBAND OR WIFE <u>Georgia S. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Georgia S. Smith</u>		ADDRESS <u>Sugar Creek</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, acute</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Congestive heart failure</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
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) (Minute)	
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 <u>7-15</u> , 19 <u>54</u> , to <u>7-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>54</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William Love Mundy MD</u> (Degree or title)		23b. ADDRESS <u>420 Professional Bldg</u>	
23c. DATE SIGNED <u>7-18-54</u>		24a. BIRTHAL CREMATION (REMOVAL) (Specify) <u>None</u>	
24b. DATE <u>7-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence-Mo</u>		DATE REC'D BY LOCAL REG. <u>7-19-54</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Volard R. Weak</u>	
ADDRESS <u>Independence, Mo</u>		ADDRESS <u>Independence, Mo</u>	

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 *Colandrea*.....

Licensed Embalmer No. *36*.....

P. O. Address *Indep.*.....

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.