

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37609

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5192

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 town) KANSAS CITY		c. LENGTH OF STAY (in this place) 26 YEARS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION DEAD ON ARRIVAL AT TRINITY LUTHERAN HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) EFFIE b. (Middle) DELL c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 14 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 31. 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE-ALTERATIONS DEPT. ROY & SCHILD'S		10b. KIND OF BUSINESS OR INDUSTRY DEPT. STORE	9. AGE (In years last birthday) 64
11a. BIRTHPLACE (City and State or Foreign Country) HENRY COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE BUSKER		13b. MOTHER'S MAIDEN NAME JERUSHA ELLIOTT	
14. NAME OF HUSBAND OR WIFE GUSS SMITH		17. INFORMANT'S SIGNATURE OR NAME GUS SMITH ADDRESS 525 MAPLE BLVD. KANSAS CITY MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. 486-07-3303	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from Nov. 11 , 19 54 , to Nov. 14 , 19 54 , that I last saw the deceased alive on Nov. 11 , 19 54 , and that death occurred at 7:20 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature] (Ink or title) _____		23b. ADDRESS 1025 Reels Bldg. No. 11/15/54	
23c. DATE SIGNED 11/15/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE NOV-17-1954		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 11-15-54		REGISTRAR'S SIGNATURE neva minshall	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
P. E. Pearson MD

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 *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kenias, Ca*.....

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.