

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 566

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>7</u>							
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>				c. LENGTH OF STAY (in this place) <u>50 years</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Spgs Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>421 South Street</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>TILDEN</u>			c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 19 1877</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>11 0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Platte County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Thomas N. Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Louisa Narramore</u>				14. NAME OF HUSBAND OR WIFE <u>#####</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Ralph O. Smith</u>				ADDRESS <u>N. Kansas City, Mo.</u>	
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) <u>Cerebral Thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>								<u>10 days</u>	
				DUE TO (c) <u>Angina Pectoris</u>								<u>4 weeks</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Revered Arteriosclerosis</u>								<u>years</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>4202</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				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>1-10</u> , 19 <u>55</u> , to <u>1-19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-19</u> , 19 <u>55</u> , and that death occurred at <u>9:02</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Virgil Hope M.D.</u>						23b. ADDRESS <u>Excelsior Springs Missouri</u>			23c. DATE SIGNED <u>12/30/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>						
DATE REC'D BY LOCAL REG. <u>12/20/55</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>				ADDRESS <u>Excelsior Spgs Mo</u>			

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

JAN 27 1955

**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 .....  
Student Embalmer

Signed James A. Moler

Licensed Embalmer No. 3296

P. O. Address Excelsior Spgs

**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 this body is not embalmed, fact should be so stated above.