

## STANDARD CERTIFICATE OF DEATH

State File No. 1416

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 3

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) INDEPENDENCE		c. LENGTH OF STAY (in this place) 38 yrs		c. CITY OR TOWN INDEPENDENCE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1416 SALISBURY RD				e. STREET ADDRESS (If rural, give location) 1416 SALISBURY ROAD			
3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) P c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) JAN 2 1955				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 25, 1893	
9. AGE (in years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		9. AGE (in years last birthday) 61 Months 10 Days 7	
11. BIRTHPLACE (City and State or Foreign Country) MICHIGAN				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME THOMAS FOREMAN			13b. MOTHER'S MAIDEN NAME MARY E.			14. NAME OF HUSBAND OR WIFE JESSE E SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSE SMITH 1416 SALISBURY RD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Intarction				INTERVAL BETWEEN ONSET AND DEATH 45 MIN			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary Arteriosclerosis 5 years			
				DUE TO (c) General Arteriosclerosis 5 years			
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-31-54, 1954, to 1-2-55, 1955, that I last saw the deceased alive on 12-31-54, and that death occurred at 9:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24b. DATE 1/5/55		24c. NAME OF CEMETERY OR CREMATORY SALEM CEMETERY	
24d. LOCATION (City, town, or county) INDEPENDENCE				24e. (State) MO			
DATE REC'D BY LOCAL REG. 1-5-55		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

APR 16 1956

APR 17 1957

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 *Dillon L. Kepley* .....

Licensed Embalmer No. *422* .....

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.