

FILED MAR. 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5100

890

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas				b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 15 days		c. CITY OR TOWN Merriam		Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				STREET ADDRESS 8904 Johnson Drive		81508			
3. NAME OF DECEASED (Type or Print) a. (First) Porter		b. (Middle) Walter		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) February 26 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 3, 1893		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Bonafa, Florida		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William E. Smith		13b. MOTHER'S MAIDEN NAME Missouri Schultz		14. NAME OF HUSBAND OR WIFE Gladys Smith					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 702-14-9840		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official Records VA Hospital, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Glio blastoma multiforme left parietal area of brain.				4 mos. +			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1938			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 February 11, 1955 , to February 26, 1955 , 11/11/1955 / 1955 / 1955 / 1955 / 1955 and that death occurred at 2:20 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE Gene F. Armstrong, M.D.				23b. ADDRESS VA Hospital, K.C., Mo.		23c. DATE SIGNED 2-26-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-1-1955		24c. NAME OF CEMETERY OR CREMATORY Johnson County Overland Park, Kansas		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 2-26-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shewenewcomer's Sons, Missin Kansas					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1933

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 *Herbert A. Jones*

Licensed Embalmer No. *41*
P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.