

FILED MAY 4 1955

STANDARD CERTIFICATE OF DEATH

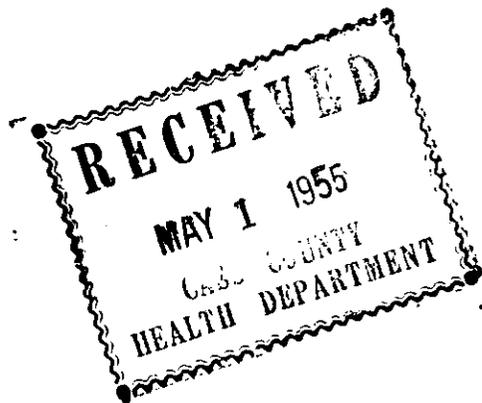
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State File No. 48

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville, Missouri</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>	c. CITY OR TOWN <u>Harrisonville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>205 North Lexington</u>		e. STREET ADDRESS (If rural, give location) <u>205 North Lexington</u>	
3. NAME OF DECEASED a. (First) <u>Charlie</u> b. (Middle) <u>Sidney</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1955</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>Jan. 30, 1886</u>
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>2</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Irene James</u>		14. NAME OF HUSBAND OR WIFE <u>Lula N. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>496-09-6319</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charlie Smith</u>		ADDRESS <u>Harrisonville, 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 Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension &</u> DUE TO (c) <u>arteriosclerosis</u> 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 <u>331X</u>	
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 <u>May</u> , 19 <u>52</u> , to <u>Apr. 16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 16</u> , 19 <u>55</u> , and that death occurred at <u>8:15 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>HARRISONVILLE, Mo.</u>	
23c. DATE SIGNED <u>4-26-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/26/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson Bros Harrisonville Mo.</u>	
25. ADDRESS <u>Harrisonville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>April 26, 1955</u>	
REGISTRAR'S SIGNATURE <u>Dora Barton</u>		457-20	



MAY 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.....
Signature of Student Embalmer

Signed *Robert W. Atkinson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Waverly, Mo.*.....

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.