

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12163

State File No. _____

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1448

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>45 YEARS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3430 INDEPENDENCE AVE.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>R.</u> c. (Last) <u>SMITH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 29 - 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>MAY 5, 1873</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROOF HOLDER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WESTERN TYPESETTING Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Booneville, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>LESLIE SMITH</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>MARY DAVIS</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillian L. Smith</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-34-2912</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Lillian L. Smith</u> | | ADDRESS <u>3614 THOMPSON, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | | 4200 | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:50 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Geo. C. Kealhofer</u> | | 23b. ADDRESS <u>6627 Prospect St. Overland Park, Mo.</u> | |
| 23c. DATE SIGNED <u>3-24-55</u> | | 24. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 1, 1955</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>3-31-55</u> | | REGISTRAR'S SIGNATURE <u>Wm Marshall</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Ducommun</u> | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | |

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

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 *Basil V. Honey*.....
Licensed Embalmer No. *H. 72*

P. O. Address *K.C., 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.