

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12164

State File No. 1408

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1408

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 township): KANSAS CITY - 24th		c. CITY OR TOWN: KANSAS CITY	
c. LENGTH OF STAY (in this place): 2 yrs.		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: OSTEOPATHIC HOSPITAL		No. STREET ADDRESS (If rural, give location): 559 STONEWALL COURT 3188	

3. NAME OF DECEASED (Type or Print)	a. (First): ELVINA	b. (Middle): SMITH	c. (Last): SMITH	4. DATE OF DEATH (Month) (Day) (Year): MARCH 28 1955
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5. SEX: F	6. COLOR OR RACE: WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2	8. DATE OF BIRTH: MARCH 14, 1865	9. AGE (In years last birthday): 90	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (City and State or Foreign Country): WARSAW IND. 1		12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ASAD WILSON	13b. MOTHER'S MAIDEN NAME: MATILDA POPP	14. NAME OF HUSBAND OR WIFE: Alexander Smith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S SIGNATURE OR NAME: DAVID W SMITH	ADDRESS: EXCELSIOR SPRINGS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis.		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES DUE TO (b) Geriatric changes.		
	DUE TO (c) Mechanical intestinal obstruction.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. impaction		1 week.	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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):
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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?
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22. I hereby certify that I attended the deceased from **March 25, 1955**, to **March 28, 1955**, that I last saw the deceased alive on **March 27, 1955**, and that death occurred at **7:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE: C. S. Anderson (Degree of title) 2	23b. ADDRESS: 2425 Independence Blvd., K.C. Mo.	23c. DATE SIGNED: March 28, 1955
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24a. BURIAL CREMATION (REMOVAL) (Specify): BURIAL	24b. DATE: MARCH 30 1955	24c. NAME OF CEMETERY OR CREMATORY: MASONIC CEMETERY	24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, MO
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DATE REC'D BY LOCAL REG.: 3-29-55	REGISTRAR'S SIGNATURE: neva munsell	25. FUNERAL DIRECTOR'S SIGNATURE: Claude Pichard, Excelsior Springs, Mo.	ADDRESS:
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(Licensed Embalmer's Statement on Reverse Side)

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

P. 31010

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 *Ralph E Van Landingham*

Licensed Embalmer No. *4009*
Chillicothe, Mo
P. O. Address

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.