

FILED JUN 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. **14957**

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town) Excelsior Springs		c. LENGTH OF STAY (In this place) 10	c. CITY OR TOWN Excelsior Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs, Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 507 South St.	

3. NAME OF DECEASED (Type or Print) a. (First) ZOAH b. (Middle) MAY c. (Last) SMITH		4. DATE OF DEATH (Month) (Day) (Year) May, 8th 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1882
9. AGE (In years last birthday) 73		10. MONTHS 2 DAYS 19 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 XXXX	11. BIRTHPLACE (City and State or Foreign Country) Kearney, MO.
		12. CITIZEN OF WHAT COUNTRY? MO.	

13a. FATHER'S NAME Jay Bailey	13b. MOTHER'S MAIDEN NAME Zoah Rebecca Fitch	14. NAME OF HUSBAND OR WIFE Jackson Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Jackson Smith, 507 S. St. Ex. Spgs.

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		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Valvular heart disease DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	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 (Month) (Day) (Year) (Hour) OF INJURY	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 **Aug. 19, 1955**, to **8 May, 1955**, that I last saw the deceased alive on **7 May, 1955**, and that death occurred at **3:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry E. Sanders M.D. (Degree or title)	23b. ADDRESS Excelsior Springs, Mo 65614	23c. DATE SIGNED 5-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.
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DATE REC'D BY LOCAL REG. 5-14-55	REGISTRAR'S SIGNATURE Barolene Kutchings	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home ADDRESS Ex. Spgs. MO
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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 *James A. Moles*.....

Licensed Embalmer No. *52*.....

P. O. Address *Ex. relief*.....

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.