

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33543**  
**4198**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City Mo</u>		c. CITY 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>Lakeside Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>165 4538 Virginia</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>	b. (Middle) <u>Vance</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, (WIDOWED) DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov. 15 - 1908</u>	9. AGE (In years last birthday) <u>46</u>	10. UNDER 1 YEAR (Months) (Days) <u>9-19</u>	11. UNDER 1 HRS. (Hours) (Mins.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Colombia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Robert Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Mae Benedict</u>	14. NAME OF HUSBAND OR WIFE <u>Leland K. Smith</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-76-2117</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maxine Morrison</u>	ADDRESS <u>Crown Point, Indiana</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>Primary Adenocarcinoma of Pancreas</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>			

19a. DATE OF OPERATION <u>8/3/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Primary Carcinoma of Pancreas with Metastasis - Gastric Hemorrhage</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE _____	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 7/16, 1954, to 9/27, 1955, that I last saw the deceased alive on 9/26, 1955, and that death occurred at 1:25 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>3-E-39th St. Kansas City Mo.</u>	23c. DATE SIGNED <u>9/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 29 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-28-55</u>	REGISTRAR'S SIGNATURE <u>neva mirabal</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Funeral Home</u>	ADDRESS <u>2315 Lenwood</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Chas. G. Stephens

**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... *Chas E. Wicks* .....

Licensed Embalmer No. *264*

P. O. Address *110 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.