

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1535

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 17

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 OR TOWN <u>Independence</u> <small>outside corporate limits, write RURAL and give township</small>		c. CITY OR TOWN <u>Independence</u> <small>Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>926 So. Logan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location) <u>926 So Logan</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clarence</u>	b. (Middle) <u>Raymond</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan. 14 1956</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>Mar-5-1878</u>	9. AGE (in years last birthday)	<u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wheeler Grove, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Samuel C. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Beckenbaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Smith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Allie Smith</u> ADDRESS <u>Independ. Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</small>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypotatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u> <u>5 years</u> <u>10 years</u> <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Eronic mycelitis</u> DUE TO (c) <u>General arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Anoplexy 4221</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-56, 1956, to 1-14-56, 1956, that I last saw the deceased alive on 1-12-56, 1956, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>104 1/2 W. Maple Independence Missouri</u>	23c. DATE SIGNED <u>1-14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 17. 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deouard Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>

DATE REC'D BY LOCAL REG. <u>1-17-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u> ADDRESS <u>Independ. Mo.</u>
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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 *R. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indep. M.*

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.