

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

813

FILED MAR 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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>50 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. 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 <u>St Lukes Hosp.</u>				STREET ADDRESS (If rural, give location) <u>1211 Stratford Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Carpenter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1956</u>	
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>Dec. 13, 1869</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>08</u>		IF UNDER 24 HRS. Days <u>21</u>		Hours <u>00</u> Min. <u>21</u>	
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>Craig Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Perry L. Smirl</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</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>none</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Northrup Hatfield, Arkansas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fractures</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Hematoma</u>					
DUE TO (c) <u>Hypostatic Pneumonia</u>							
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1211 Stratford Rd.</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City</u> (COUNTY) <u>Jackson</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 19, 1956 7:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT _____ NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall down basement stairs</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Prairie Blvd</u>		23c. DATE SIGNED <u>2-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Omaha Neb.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine &amp; McClure</u>		ADDRESS <u>K.C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Crowell will be  
in business office till 11:00 A.M.*

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**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..... *J. Crowell*.....  
Licensed Embalmer No...*49*...

P. O. Address..... *J.C.*.....

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.