

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13495**

FILED MAY 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1688**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>OKLAHOMA</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>5 weeks</b>	c. CITY OR TOWN <b>HULBERT</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>QUEEN OF THE WORLD HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <b>ROUT 1 Box 211</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>RUTH C. SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 17th 1956</b>	
5. SEX <b>3</b> <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC 10th 1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL TEACHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SCHOOLS</b>	9. AGE (In years last birthday) <b>46</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>NEWELLTON - LOUISIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>MIKE EMERSON</b>		13b. MOTHER'S MAIDEN NAME <b>LIZZIE COY</b>	14. NAME OF HUSBAND OR WIFE <b>WARDELL SMITH</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-26-0865</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>ELIZABETH GARNETT</b>		ADDRESS <b>541 Everett Kans City Kans</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Nephrosclerosis</b>		
DUE TO (c)		DUE TO (a) <b>Uremia</b>		

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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 13, 1956, to April 17, 1956, that I last saw the deceased alive on April 17, 1956, and that death occurred at 2:00p m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. Mc Donald</b> (D) (Spec or title)		23b. ADDRESS <b>2604 Prospect Avenue</b>		23c. DATE SIGNED <b>4/17/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>APRIL 18 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MUSKOGEE</b>	
24d. LOCATION (City, town, or county) (State) <b>OKLAHOMA</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ADKINS FUNERAL HOME</b>		ADDRESS <b>KANSAS CITY MO.</b>	
DATE REC'D BY LOCAL REG. <b>4-18-56</b>		REGISTRAR'S SIGNATURE <b>neva Marshall</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Bruce P. Mc Donald

MAY 24 1956

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..... *C. J. Bennett*

Licensed Embalmer No. .... *4107*

P. O. Address ..... *900 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.