

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 1956

State File No. 22594

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4525 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wynandotte</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Milo Tp.</u>		c. LENGTH OF STAY (In this place) <u>minutes</u>	c. CITY OR TOWN <u>Kansas City, Kan</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Highway No. 71</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Lorene</u> b. (Middle) <u>W.</u> (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-56</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-27-1904</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Kepler</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Hannal Henry 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 none</u>	16. SOCIAL SECURITY NO. <u>510-26-4102</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Smith</u>	ADDRESS <u>Wade worth, Kan</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe lacerations of head</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Compound fractures of both legs below knees</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>rt. arm broken above elbow</u> <u>left arm broken below elbow, possible skull fracture, & internal injuries</u>		
19. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. due to 2-car "auto" collision</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>8164-26</u>	20. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
21a. ACCIDENT (Specify) <u>SAFARI</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Accident U.S. Highway # 71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>W.S. Highway No. 71 Vernon MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-27-56-5:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two Car collision</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 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter D. Thurman, Coroner Nevada, Missouri</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>6-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>June 29 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hay's Funeral Service</u>	ADDRESS <u>Nevada, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 12 1956

OCT 30 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.....
H. H. Marmaduke

Licensed Embalmer No. *2070*

P. O. Address *Nevada*

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.