.S. No. 300
EV. 10.48

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30180

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gladstone
c. LENGTH OF STAY (in this place): 28 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Gladstone
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 6000

3. NAME OF DECEASED (Type or Print)
a. (First): BLANCHE
b. (Middle): INA
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): SEPT 10 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 19, 1888
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Harrison Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Luther Lineberry
13b. MOTHER'S MAIDEN NAME: Jennie L. Reeves
14. NAME OF HUSBAND OR WIFE: J. A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-28-6346
17. INFORMANT'S SIGNATURE OR NAME: J. A. Smith
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acquired Hemolytic anemia — 3 years
DUE TO (c) Lymphatic Leukemia — 3 years

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: 2040
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 3/10, 1956, to 9/10, 1956, that I last saw the deceased alive on 9/10, 1956, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: James [illegible] M.D. (Degree or title)
23b. ADDRESS: 4030 N Oak KC/6 Mo
23c. DATE SIGNED: 9/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-56
24c. NAME OF CEMETERY OR CREMATORY: White Chapel
24d. LOCATION (City, town, or county): Clay Co. (State): Mo.

DATE REC'D BY LOCAL REG.: 9-11-56
REGISTRAR'S SIGNATURE: Marguerite Hudgens
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Vancomerie Sons
ADDRESS: N.K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

494-0

RECEIVED
SEP 18 1956
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John U Kalbeck

Licensed Embalmer No. 4949

P. O. Address E. 25th Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.