

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3810**
222

FILED MAR 11 1957

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **222**

| | | | | | | | |
|---|----------------------------------|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2505 Ashland Ave. | | Length of stay in lb most of life | | d. STREET ADDRESS (If outside, give location) 2505 Ashland Ave | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) ADDIS C. SMITH | | | First Middle Last | | | 4. DATE OF DEATH Feb. 25, 1957 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 2, 1877 | | 9. AGE (In years last birthday) 79 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. employee | | 10b. KIND OF BUSINESS OR INDUSTRY Swift & Company | | 11. BIRTHPLACE (City and state or country) Iowa / | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME unknown | | | | 14. MOTHER'S MAIDEN NAME unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Mrs. Addis Smith, 2505 Ashland, St. Joseph, Mo | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CORONARY SCLEROSIS, DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201 | | | | |
| 20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from FEB 25-1957 , to FEB 25-1957 and last saw him alive on NO. Death occurred at 5:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) John T. Rogers - M.D. | | | | 22b. ADDRESS 307 Kirkwood St. Joseph Mo. | | 22c. DATE SIGNED Feb 27-1957 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) entombment | | 23b. DATE 2/27/1957 | 23c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS Hester-Bowman St. Joseph Mo. Mar. 6, 1957 | | | | 25. DATE RECD. BY LOCAL REG. Mar. 6, 1957 | | 26. REGISTRAR'S SIGNATURE Kathleen M. Allison | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are natural causes. Coroner cannot certify to a death due to natural causes.

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MAR 15 1957

JUN 11 1957

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 *James P. Hawkins*

Licensed Embalmer No. 45

P. O. Address 319 E 10th

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