

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7986

State File No.

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 343 PRIMARY REG. DIST. NO. 1004 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City North</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Kansas City North</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3420 Winn Road</u>		e. STREET ADDRESS (If rural, give location) <u>5126 Belmont</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u>		b. (Middle) <u>Kay</u>	c. (Last) <u>Smith</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1957</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <u>October 9, 1956</u>		9. AGE (In years last birthday) <u>3</u> Months <u>28</u> Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James E. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Wilma Smith</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilma Smith</u> ADDRESS <u>5126 No. Belmont K.C. 16, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> 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) <u>491x</u>	
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 <u>Feb 4, 1957</u> , to <u>Feb. 4, 1957</u> , that I last saw the deceased alive on <u>Feb 4, 1957</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Mama E. Johnson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>3700 North Bates K.C. 16 Mo</u>	
23c. DATE SIGNED <u>2/4/57</u>		24a. BURNIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/7/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cameron Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u> ADDRESS <u>No. Kansas City 16,</u>	
DATE REC'D BY LOCAL REG. <u>3-25-57</u>		REGISTRAR'S SIGNATURE <u>Edgar A. Bridges</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
John H. Kalish

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas*

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.