Health,
& Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16278

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 552

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp. #2 — Length of stay in 1b: 17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3240 Agnes — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Edgar — Middle: Byron — Last: Smith.

4. DATE OF DEATH: Month: May — Day: 19 — Year: 57

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: May 14 1900

9. AGE (In years last birthday): 57 — 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): Odd Jobs.

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (City and state or country): Kansas city Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Issac W. Smith

14. MOTHER'S MAIDEN NAME: Zelela Hite

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.: —

17. INFORMANT: Hazel Wells Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypostatic Pneumonia — 10 days
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 332X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 28-57 to May 19-57 and last saw ~~him~~ him alive on May 19, 57
Death occurred at 7:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Gabir M.D.

22b. ADDRESS: 1415 N. 24 St. City

22c. DATE SIGNED: 5-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 19, 1957

23c. NAME OF CEMETERY OR CREMATORY: Green Cemetery

23d. LOCATION (City, town, or county) (State): Farley Missouri

24. FUNERAL DIRECTOR ADDRESS: Rollins & Mitchell Platte City Mo.

25. DATE RECD. BY LOCAL REG.: May 21, 1957

26. REGISTRAR'S SIGNATURE: Earnest M. Allison

(Licensed Embalmer's Statement on Reverse Side)

485
0

MAY 28 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Giffee

Licensed Embalmer No. 472

P. O. Address Platte City

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