

THE DIVISION OF HEALTH OF KANSAS  
STANDARD CERTIFICATE OF DEATH

17361

FILED MAY 20 1957

STATE FILE NUMBER

1964

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1964

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>KANSAS CITY</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b> <u>8150</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. HOSPITAL</b>		Length of stay in lb <b>87 days</b>	
d. STREET ADDRESS <b>823 tenny</b>		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>E.</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>4</b> Day <b>24</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-4-89</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Memorial Bldg.</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>David F. Smith</b>		14. MOTHER'S MAIDEN NAME <b>Harriett Mullins</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW I</b>		16. SOCIAL SECURITY NO. <b>495-05-3562</b>	
17. INFORMANT <b>V.A. Hospital Records, Kansas City, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Luetic heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Acute bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>023X</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.)	
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. <b>Attended the deceased from January 27, 1957, to April 24, 1957</b> <del>XXXXXXXXXXXX</del> Death occurred at <b>5:15 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. G. AGES, M.D.</b>		22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	
22c. DATE SIGNED <b>4/25/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/26/1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR <b>Ralph Fulton, Kansas City, Kan.</b>		ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>4-25-57</b>		26. REGISTRAR'S SIGNATURE <b>new minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public Service  
S. 300  
v. 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 causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



Mar 20 1967

STATEMENT BY LICENSED EMBALMER

State of Missouri

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 *Ralph Fulton*  
*Ralph Fulton*

Licensed Embalmer No. 3035

P. O. Address *Kansas Cit*

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.