

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17365

STATE FILE NUMBER

FILED MAY 29 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2192

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Jackson													
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Length of stay in 15 40 Years		d. STREET ADDRESS 2556 Charlotte		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First NORA Middle E. Last SMITH				4. DATE OF DEATH Month May Day 8 Year 1957													
5. SEX Female		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 Jan. 26, 1885		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hope, Kansas				12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME John H. Sinclair						14. MOTHER'S MAIDEN NAME Mary											
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 Elmer Smith - 2556 Charlotte, K. C., 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) Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 48 hrs.							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)						331 X							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										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: 9:35 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 Hope, Kansas				COUNTY STATE					
21. I attended the deceased from May 6, 1957 to May 8, 1957 and last saw her alive on May 7, 1957 . Death occurred at 9:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <i>Elmer Smith</i> (Doctor or title)										22b. ADDRESS Argyle Bldg. K.C. Mo				22c. DATE SIGNED 5.10.57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 5/10/1957		23c. NAME OF CEMETERY OR CREMATORY Hope Cemetery				23d. LOCATION (City, town, or county) (State) Hope, Kansas								
24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo.						ADDRESS		25. DATE RECD. BY LOCAL REG. 5-10-57		26. REGISTRAR'S SIGNATURE <i>newa Minchell</i>							

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Ira C. Layton

MEDICAL CERTIFICATION

2008-2-11



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 *Elmer O. Triplett*.....

Licensed Embalmer No. 481

P. O. Address Kansas City

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.