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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

J. A. Turner

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021370
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3046

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADM. HOSPITAL — If death occurred in hospital, enter date of admission: 65 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY WYANDOTTE
c. CITY OR TOWN KANSAS CITY 8150 8 — Inside Limits Yes X No ☐
d. STREET ADDRESS 2700 POWELL AVENUE (If outside, give location) — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First ROBERT Middle E. Last SMITH

4. DATE OF DEATH: Month June Day 28 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH September 11, 1891

9. AGE (In years last birthday) 65 — 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) Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Kansas City, Kansas

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

13. FATHER'S NAME Robert N. Smith

14. MOTHER'S MAIDEN NAME Sarah Shaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 710-14-5349

17. INFORMANT Official VA Hospital Records, K. C. Mo. Address

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) Pulmonary congestion and edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Peritonitis, generalized
DUE TO (c) Acute and Chronic Cholecystitis with cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH: 5847

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 X 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 VA ☐ 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 June 6, 1957, to June 28, 1957 XXXXXXXXXXXXXXXX

Death occurred at 2:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Turner (Degree or title) M.D.

22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.

22c. DATE SIGNED 6-29-57

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

23b. DATE July 1, 1957

23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR Simmons Funeral Home ADDRESS KC Ks.

25. DATE RECD. BY LOCAL REG. 7-1-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mal C. Meyer

Licensed Embalmer No. 4

P..O. Address K. C. K

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