

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36150
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4558

5. 300
1-57 3

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Benton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warsaw		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 47th & Broadway		Length of stay in 1b 6 months	d. STREET ADDRESS (If outside, give location) 637 South Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND SMITH			4. DATE OF DEATH Month Day Year SEPT. 30 - 1957		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JULY 12 - 1891		9. AGE (In years if UNDER 1 YEAR If over 1 year, give Months Days Hours Min.) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 6 MONTHS		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) WARSAW, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME GEORGE SMITH		13b. MOTHER'S MAIDEN NAME ANN VANCE		14. NAME OF HUSBAND OR WIFE Mrs. DELLA SMITH	
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. 492-18-1549		17. INFORMANT Address MRS IMOGENE GREENWAY 6637 SOUTH BENTON KANSAS CITY, 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) ACUTE MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 4200
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO ACUTE CORONARY OCCLUSION					
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> NOT WHILE 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. I attended the deceased from 2-20-50 to 9-30-57 and last saw him alive on 8-29-57 Death occurred 9 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John H. Wheeler MD (Degree or title)			22b. ADDRESS 411 Nichols Rd. KCMO		22c. DATE SIGNED 9-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT-1-1957	23c. NAME OF CEMETERY OR CREMATORY NEW HOME CEMETERY		23d. LOCATION (City, town, or county) (State) WARSAW MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 331. BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 10-1-57	26. REGISTRAR'S SIGNATURE Neva Marshall	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
John H. Wheeler



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 *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *K. C. Mo.*

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.