

Health,
& Welfare
S. Public
Health Service

STANDARD CERTIFICATE OF DEATH

44605
STATE FILE NUMBER
Registrar's No. 5507

FILED DEC 18 1957

Registration District No. 149 Primary Registration District No. 1002

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hosp 5420		d. STREET ADDRESS 105 E 5th	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Smith			4. DATE OF DEATH Month Day Year 11-16-57		
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1884	9. AGE (In years last birthday) 73 yrs.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or date of service) No World War I	16. SOCIAL SECURITY NO.	17. INFORMANT Address Veterans Administration KCMO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 17 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO XX

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.)
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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
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21. I attended the deceased from Nov. 1, 1957 to Nov. 16, 1957 and last saw him alive on Nov. 15, 1957
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✓ Death occurred at 2:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Don Hugo MD	22b. ADDRESS 1222 McGee St., Kansas City, Mo.	22c. DATE SIGNED 11-18-1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) removed	23b. DATE 11-22-57	23c. NAME OF CEMETERY OR CREMATORY Ft. Ravenworth Kans	23d. LOCATION (City, town, or county) (State) National Cemetery
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24. FUNERAL DIRECTOR Seena Fitzgerald KCMO	25. DATE RECD. BY LOCAL REG. 11-21-57	26. REGISTRAR'S SIGNATURE Neva Minshall
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(Licensed Embalmer's Statement on Reverse Side)

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
D. M. NIGRO



1-1-68 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 *Steve B. Jagtman* Licensed Embalmer No. 4273

P. O. Address 1627

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.