

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-009213
STATE FILE NUMBERRegistration District No. 393 Primary Registration District No. 1002 Registrar's No. 1053

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, North		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, North		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4041 N. Cleveland		Length of stay in 1b 11 yrs	STREET ADDRESS (If outside, give location) 4041 N. Cleveland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FREDRICKA Middle Last SMITH			4. DATE OF DEATH Month 2 Day 25 Year 1958		
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1867	9. AGE (In years last birthday) 90	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Hays		13b. MOTHER'S MAIDEN NAME Rebecca Berry		14. NAME OF HUSBAND OR WIFE Wm. H. Smith dec.	
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 Louise Smith		Address 4041 N. Cleveland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Pulmonary edema, acute</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u><i>Congestive heart failure</i></u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 30 min. 4341
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. I attended the deceased from Death occurred at <u><i>April 1956</i></u> , to <u><i>2-25-58</i></u> and last saw her alive on <u><i>2-25-58</i></u> at <u><i>10:30 p.m.</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>David L. Zacharias MD</i> (Degree or title)			22b. ADDRESS <i>6728 North Oak</i>		22c. DATE SIGNED <i>2-26-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-1-1958	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery		23d. LOCATION (City, town, or county) (State) Blue Springs, Missouri
24. FUNERAL DIRECTOR Stine & McClure Und. Co.		ADDRESS KC, Mo.	25. DATE RECD. BY LOCAL REG. <i>2-26-58</i>		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

David L. Zacharias

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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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Kansas City, 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.