

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014469

STATE FILE NUMBER

1893

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
1-57

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4309 Askew		d. STREET ADDRESS (If outside, give location) 4309 Askew	
3. NAME OF DECEASED (Type or print) First Middle Last Herbert W. Smith		4. DATE OF DEATH Month Day Year 4-12-58	
5. SEX M.	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 8-11-34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Blank Const. Co.	11. BIRTHPLACE (City and state or country) Clinton Missouri.
13a. FATHER'S NAME Rolla E. Smith		13b. MOTHER'S MAIDEN NAME Eva Orean Molder	14. NAME OF HUSBAND OR WIFE Rhoda M. Needs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 197-34-3107	17. INFORMANT Address Mrs. Rhoda Smith 4309 Askew
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by hanging			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			89742
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) hanged by rope		
20c. TIME OF INJURY Hour Month, Day, Year 12:00 AM 4-12-58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson mo		
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 1034 Ruston Bldg	22c. DATE SIGNED 4-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-12-58	23c. NAME OF CEMETERY OR CREMATORY Clinton Missouri.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Sheil Funeral Home		25. DATE RECD. BY LOCAL REG. 4-12-58	26. REGISTRAR'S SIGNATURE neva munsell

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *James A. Smith*

Licensed Embalmer No. 4934
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.