

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033002  
STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4151

|  |                           |   |  |   |   |  |
|--|---------------------------|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN KANSAS CITY  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 6328 McGEE STREET   |                           | Length of stay in 1b<br>35 YEARS  | d. STREET ADDRESS (If outside, give location)<br>6328 McGEE STREET   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>RICHARD CHARLES SMITH  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>AUGUST 28 1958   |   |   |  |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>OCT-9-1895   | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.<br>62 Months Days Hours Min. |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>STEEL ESTIMATOR   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>BECO STEEL CO.   | 11. BIRTHPLACE (City and state or country)<br>OAK PARK, ILLINOIS   |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |
| 13a. FATHER'S NAME<br>CHARLES SMITH  |                           | 13b. MOTHER'S MAIDEN NAME<br>KATHRYN RANDOLPH   |  | 14. NAME OF HUSBAND OR WIFE<br>MRS. HELEN ANN SMITH   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>YES WORLD WAR I  |                           | 16. SOCIAL SECURITY NO.<br>495-03-3286  | 17. INFORMANT<br>Mrs. HELEN ANN SMITH<br>Address<br>6328 McGEE STREET,<br>KANSAS CITY, MISSOURI                              |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Myocardial infarction</i><br>DUE TO (b) <i>Renal arteriosclerosis</i><br>DUE TO (c) _____<br>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<br>4200<br>19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>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 _____ to _____ and last saw her alive on _____<br>Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |   |   |  |
| 22a. SIGNATURE<br><i>D.W. Newcomer</i> (Degree or title) 3   |                           |   | 22b. ADDRESS<br>6677 Prairie School  |   | 22c. DATE SIGNED<br>8-29-58   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>CREMATION   | 23b. DATE<br>AUG 30 1958  | 23c. NAME OF CEMETERY OR CREMATORY<br>D.W. NEWCOMER'S SONS  |  | 23d. LOCATION (City, town, or county) (State)<br>KANSAS CITY MISSOURI                         |   |  |
| 24. FUNERAL DIRECTOR<br>D.W. NEWCOMER'S SONS   |                           | ADDRESS<br>1331 BRUSH CREEK<br>KANSAS CITY, MO.   | 25. DATE RECD. BY LOCAL REG.<br>8-30-58  | 26. REGISTRAR'S SIGNATURE<br>Neva Minshall  |   |  |

All diseases in Part I must be causally related. No symptoms will be listed. No cause of death or manner of death will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

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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 *Chester K. Brown* .....

Licensed Embalmer No. *4931* .....

P. O. Address *K C Wood* .....

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.