

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040205

STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 5384

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in lb 37 yrs.	d. STREET ADDRESS (If outside, give location) 1542 Chelsea		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Matthew Middle Allen Last Smith			4. DATE OF DEATH Month November Day 11 , Year 1958		
5. SEX male	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 Dec. 31, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. BUSINESS INDUSTRY Waddell & Reed Investment Co.		11. BIRTHPLACE (City and state or country) Cawker City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Clark Allen Smith		13b. MOTHER'S MAIDEN NAME Sarah Bower		14. NAME OF HUSBAND OR WIFE Violet 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. 500-22-9897	17. INFORMANT Address Violet Smith 1542 Chelsea 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) Bronchial pneumonia.					INTERVAL BETWEEN ONSET AND DEATH 2 plus days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Other contributing factors: Post prostatectomy for benign prostatic hypertrophy on 11-6-58.					491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia - duration days. Diabetes mellitus - 2 plus years. Duodenal peptic ulcer. Cholelithiasis - duration years.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <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 Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <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 November 8, 1958 to November 11, 1958 and last saw him alive on November 11, 1958		Death occurred at 7:15 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) 0		22b. ADDRESS 4800 E. 24th Street; KCMo		22c. DATE SIGNED 11-13-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Nov. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K.C., Mo.		25. DATE RECD. BY LOCAL REG. 11-13-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. S. Long

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 W. Earp*
Licensed Embalmer No. *4622*
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.