THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017116

STATE FILE NUMBER

FILED MAY 22 1959 Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Smithville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Smithville Hosp — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: CLAY
c. CITY OR TOWN: Gladstone — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 203 E 65TH ST — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robert Middle: H. Last: Smith

4. DATE OF DEATH: Month: May Day: 12 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 2 1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Guard
10b. KIND OF BUSINESS OR INDUSTRY: Sears-Roebuck
11. BIRTHPLACE (City and state or country): Sheridan Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Thomas E. Smith
13b. MOTHER'S MAIDEN NAME: Laura Wooldrige
14. NAME OF HUSBAND OR WIFE: Julia Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-09-0439A
17. INFORMANT: Mrs. Julia Smith Address: 203 E. 65th ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis {Myocardial Infarct 1955} — several years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1955, to 5-12-59 and last saw him alive on 5-12-59
Death occurred at 11:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Donald E. Kuenzi M.D. (Degree or title)
22b. ADDRESS: 8400 N Oak Tfwy K.C. Mo
22c. DATE SIGNED: 5-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-15-59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons ADDRESS: N.K.C.
25. DATE RECD. BY LOCAL REG.: 5-15-59
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECE
MAY 2
CLAY
HEALTH

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 Glenn W. Hill .....

Licensed Embalmer No. 4586

P. O. Address Kansas City

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.