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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021701

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2574

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5322 HARRISON — Length of stay in 1b: 73 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5322 HARRISON — Reside on Farm: Yes [ ] No [X]

3148

3. NAME OF DECEASED (Type or print): First: FRANCES Middle: ADELINE Last: SMITH

4. DATE OF DEATH: Month: MAY Day: 22, Year: 1959

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: JANUARY 6, 1874

9. AGE (In years last birthday): 85 — 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): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (City and state or country): LAFAYETTE COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: GRUNDY YOUNG

13b. MOTHER'S MAIDEN NAME: EMMA BUFORD

14. NAME OF HUSBAND OR WIFE: FRANK G. 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.: NONE

17. INFORMANT: 5322 HARRISON MRS. EDNA COX-KANSAS CITY, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CHRONIC NEPHRITIS WITH UREMIA	UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PYELITIS	UNKNOWN
DUE TO (c)	SENILITY AND TRAUMA DUE TO FALL	4 DAYS

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 [ ] NO [ ]

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 123 COUNTY STATE

21. I attended the deceased from 5-18-1959, to 5-22-59 and last saw her/him alive on 5-21-59
Death occurred at 3:45 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Myron Auld Jr. (Degree or title) M.D.

22b. ADDRESS 3504 Troost Ave K.C., Mo.

22c. DATE SIGNED 5/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MAY 23, 1959

23c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CEM.

23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS: 1331 BRUSH CREEK BLVD D. W. NEWCOMER'S SONS-K. C., MO.

25. DATE RECD. BY LOCAL REG.: 5-23-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

J. Myron Auld Jr.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.