

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009147

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1188

STATE FILE NUMBER

FILED MAR 29 1961

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		Length of stay in 1b 44 Yrs	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 Baptist Mem'l Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8342 Mercier Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM EDWARD SMITH			4. DATE OF DEATH Month Day Year 3 4 61		
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 9/2/16	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sgt. K C Police Dep't		10b. KIND OF BUSINESS OR INDUSTRY K.C. Police	11. BIRTHPLACE (City and state or country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Edgar Monroe Smith		13b. MOTHER'S MAIDEN NAME Mable Noble		14. NAME OF HUSBAND OR WIFE Mrs Alma Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 11		16. SOCIAL SECURITY NO. W W 11		17. INFORMANT Address Mrs Alma Smith, 8342 Mercier, K C 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) Myocardial Infarction Acute		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year	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 12/1/59 to March 4, 1961 and last saw him alive on March 4, 1961
Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (degree or title) <i>D. Bennett</i>	22b. ADDRESS 609 E. 63rd St., K.C. 10, Mo.	22c. DATE SIGNED 3/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/8/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar, Linwood & Main, K.C. Mo.		23d. LOCATION (City, town, or county) Kansas City Mo.

25. DATE RECD. BY LOCAL REG. 3-6-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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DATE AMENDED 3-15-61
INSTEAD OF 3-5-61
ITEM NO. 4
SHOULD READ 3-4-61
BY AFFIDAVIT of informant, - verified by DPOC Bennett
D. Bennett
MEDICAL CERTIFICATION

Rk. Bennett
409-E-63 rd
Em. 1-0660
2-5 pm Wkds.

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 W. H. Zentz
Licensed Embalmer No. 05038

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.