

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005668

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 127

STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 1 wk.	c. CITY OR TOWN ST. JOSEPH Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ST JOESPH, MO. Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WENDELL L. SMITH			4. DATE OF DEATH Month Day Year JANUARY 31, 1962		
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1891	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY CITY EMPLOYEE		11. BIRTHPLACE (City and state or country) KUMEC.	
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME CHAUKEY LEE SMITH		13b. MOTHER'S MAIDEN NAME ELDRA DOLITTLE	
14. NAME OF HUSBAND OR WIFE EULAH 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.	
17. INFORMANT EULAH SMITH		Address 2233 JAN BEURT			

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) Obstruction of large bowel & gangrene		24 hrs.
DUE TO (b) Mesenteric thrombosis		?
DUE TO (c) Aneurysm of abdominal aorta		24 hrs.
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 checked="" type="checkbox"/> NO <input 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 **presence at autopsy** to _____ and last saw her/him alive on _____
Death occurred at **7:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Forrest Thomas MD		22b. ADDRESS 4040 Maple St. Kansas City, MO		22c. DATE SIGNED 2-2-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-3-1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (city, town, or county) (State) KANSAS CITY, MO.		
24. FUNERAL DIRECTOR MUEHLBACH		ADDRESS 6800 TROST	25. DATE RECD. BY LOCAL REG. Feb. 5, 1962	26. REGISTRAR'S SIGNATURE Wm Clark Goodell	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 F. Thomas, M.D. MEDICAL CERTIFICATION

FEB 28 1962

KS FEB 27 1962

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 Danny C. Kerns, Student Embalmer No. 647
working under my personal supervision.

Student Danny C. Kerns
Signature of Student Embalmer

Signed B. J. Nelson
Licensed Embalmer No. 4421

P. O. Address Kansas City, 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.