

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006707

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 736

STATE FILE NUMBER

AMENDED

FILED FEB 28 1962

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| 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 | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 49 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If outside, give location) 3721 E. 9th Street | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First BINA Middle H. Last SMITH | 4. DATE OF DEATH Month Feb. Day 2 Year 1962 |
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| 5. SEX Female | 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 4/29/81 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HR Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker-housewife | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) Germantown KENTUCKY | 12. CITIZEN OF WHAT COUNTRY U.S. A. |
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| 13a. FATHER'S NAME Unknown Harget | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Gene Smith |
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| 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. None | 17. INFORMANT Gene Smith, 3721 EAST 9th STREET, Kansas City, Missouri |
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| 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) Cerebral Thrombosis | | 1 1/2 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cerebral Arteriosclerosis | years- |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Pyelonephritis | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour 8:55 a.m. P. Month, Day, Year 12-7-53 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Germantown COUNTY Kentucky STATE Kentucky |
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| 21. I attended the deceased from 12-7-53 to Feb 2-62 and last saw her/him alive on 2-2-62 Death occurred at 8:55 P. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Robert L. Ward, M.D. | 22b. ADDRESS 4126 St John | 22c. DATE SIGNED 2-3-62 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Feb. 7, 1962 | 23c. NAME OF CEMETERY OR CREMATORY - | 23d. LOCATION (City, town, or county) (State) Germantown Kentucky |
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| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 2-7-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF **Robert L. Ward**
 SHOULD READ
 ITEM NO.

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C. Ind.

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.