

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047211

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6573 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 7 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN WINDSOR	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 400 SOUTH MAIN	
3. NAME OF DECEASED (Type or print) First JUDSON Middle WALLER Last SMITH		4. DATE OF DEATH Month December Day 24 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-11-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY NEVADA, MISSOURI	9. AGE (last birthday) 68 YRS
13a. FATHER'S NAME JUDSON W. SMITH		14. NAME OF HUSBAND OR WIFE Mabel Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		17. INFORMANT VA HOSPITAL OFFICIAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction, recent and old			INTERVAL BETWEEN ONSET AND DEATH
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 WINDSOR MISSOURI	
21. VA attended the deceased from November 23, 1962 to Dec 24, 1962 and 10/21/62/11/21/62/12/24/62 Death occurred at 3:15 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Norman K. Lee M.D.		22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO	
22c. DATE SIGNED 12-24-62		23. LOCATION (City, town, or county) (State) WINDSOR MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 24, 1962	23c. NAME OF CEMETERY OR CREMATORY BRUSH CR KANSAS CITY, MO	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 12-24-62	
26. REGISTRAR'S SIGNATURE Beth Long			

JAN 8 1963

JAN 16 1963

JUL 19 1966

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

Harold LaBette

Licensed Embalmer No.

3035

P. O. Address

St. Louis

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.