

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-049456

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6737

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 21 1963	
1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in lb 13 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran	c. CITY OR TOWN Kansas City
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6800 E. 17th
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last MARGARET IRENE SMITH	
4. DATE OF DEATH Month Day Year 12 - 31 - 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/13/49
9. AGE (last birthday) 13	
IF UNDER 1 YEAR Months Days Hours Min.	
IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kansas City Mo	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James M. Smith	
13b. MOTHER'S MAIDEN NAME Edith May Dunning	
14. NAME OF HUSBAND OR WIFE	
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 James M Smith 6800 E 17th St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self induced Haematoma	
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) Surgery 12-24-62 Trinity Lutheran Hosp	
PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car Collision	
20c. TIME OF INJURY Hour Month, Day, Year 12 23 62	
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.) Street
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner	
22b. ADDRESS 152 Union Station	
22c. DATE SIGNED 12-31-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/2/63
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	
23d. LOCATION (City, town, or county) Kansas City Missouri	
24. FUNERAL DIRECTOR Shell Funeral Home, Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 1-2-63	
26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

VS 300 Rev. 4/59
1
2 2.18
3
4 1
5 0
6
7 0
8 1
9 X
10
11 123
12 68-3
13

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. 656

working under my personal supervision.

Student Jimmy S. Birch
Signature of Student Embalmer

Signed Thomas A. Birch

Licensed Embalmer No. 4954

P. O. Address H. O. M. O.

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.

Embalmed by _____
