

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001863

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 382 STATE FILE NUMBER

ED FEB 6 1963

VS 300 Rev. 4/59

- 1
- 2 8402
- 3
- 4 1
- 5 2
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- 7 1
- 8 2
- 9 9332X
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- 11 1286-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Kenneth A. Davis MEDICAL CERTIFICATION

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |   | Length of stay in 1b<br><u>6 1/2 mos.</u>   | c. CITY OR TOWN <u>Overland Park</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>McCarty Nursing Home</u>  |   | Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>7807 Hardy</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>E. Emily Smith</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Jan. 21, 1963</u>  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-17-1876</u>   |
| 9. AGE (last birthday) <u>86</u>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Teacher</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grade Schools</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Illinois</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME <u>William G. Obee</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Harriet Baker</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Duane Russell Smith</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no no</u>   |   | 16. SOCIAL SECURITY NO. <u>[redacted]</u>   |   |
| 17. INFORMANT<br><u>Mrs. Donald J. Evans</u>  |   | Address <u>Overland Park, Ks.</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Terminal Bronchopneumonia</u><br><u>Cerebral Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>6 months</u><br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 d</u>  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <u>July 10, 1962</u> and last saw her alive on <u>Jan. 3, 1963</u><br>Death occurred at <u>1:45am</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE<br><u>Kenneth A. Davis, M.D.</u> (degree or title)   |   | 22b. ADDRESS<br><u>201 Plaza Theater Bldg</u>   | 22c. DATE SIGNED<br><u>1-21-63</u> (State)  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>1-21-1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Jo Co Mem Gardens</u>  | 23d. LOCATION (City, town, or county)<br><u>Johnson County, Kansas</u> (State)  |
| 24. FUNERAL DIRECTOR<br><u>Eugene P. Amos</u> ADDRESS <u>Shawnee, Kansas</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>1-21-63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

Mr Kenneth  
Bano

PO 11103W  
Theater 11107

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 Eugene P. Amos  
Eugene P. Amos

Licensed Embalmer No. 5023

P. O. Address Shawnee, Kansas

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.