

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001868

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. 149 Primary Registration District No. 1002 Registrar's No. 201

FILED JAN 28 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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY, MISSOURI</b>		Length of stay in 1b <b>2 Days</b>	c. CITY OR TOWN <b>ST JOSEPH, MO.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, KANSAS CITY, MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1123 Prospect</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LESTER EUGENE SMITH</b>		4. DATE OF DEATH Month Day Year <b>Jan. 12, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/20/26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>	11. BIRTHPLACE (City and state or country) <b>ROCKPORT, MO.</b>
13a. FATHER'S NAME <b>Lester O Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Hazel C. Mitchell</b>	14. NAME OF HUSBAND OR WIFE <b>Lavina Smith</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 01/4/44 to 5/24/44</b>		17. INFORMANT <b>Mrs Lavina Smith</b> VA Hosp <b>1123 Prospect St Joseph, Mo.</b> RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <b>DIFFUSE GLOMERULOSCLEROSIS (Diabetic) WITH NEPHROTIC SYNDROME AND UREMA</b> DUE TO (b) <b>CONJESTIVE HEART FAILURE WITH SEVERE PULMONARY</b> DUE TO (c) <b>HEPATOMA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 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 Hour Month, Day, Year a.m. p.m.			
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. VA attended the deceased from <b>1/10/63</b> to <b>1/12/63</b> and last saw <sup>her</sup> him alive on <b>1/12/63</b> Death occurred at <b>3:20 AM 1/12/63</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Virgilio Sangalang</i> (Degree of M.D.) <b>Virgilio Sangalang</b>		22b. ADDRESS <b>VAH, KANSAS CITY, MO?</b>	22c. DATE SIGNED <b>1/12/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-15-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery Saint Joseph, Missouri</b>	23d. LOCATION (City, town, or county) (State) <b>Saint Joseph, Missouri</b>
24. FUNERAL DIRECTOR <b>STAMEY FUNERAL HOME, INC.</b>		ADDRESS <b>Saint Joseph, Missouri</b>	DATE RECD. BY LOCAL REG. <b>1-12-63</b>
		26. REGISTRAR'S SIGNATURE <i>Puth Long</i>	

USE BLACK INK OR TYPEWRITER RIBBON

