

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005736

STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 656

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 6008  
2 8420

3  
4 0  
5 1  
6  
7 1  
8 1  
9 861X  
10 39  
11 600  
12 91-3  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Frank Mauldin

1. PLACE OF DEATH - a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>Min.</b>	c. CITY OR TOWN <b>Dallas 29, Texas</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Municipal Airport</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10608 Royal Club Lane</b>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>William</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>1-29</b> Day <b>-63</b> Year	
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>4-1-16</b>
9. AGE (last birthday) <b>46</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pilot</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Airport</b>	11. BIRTHPLACE (City and state or country) <b>Franklin, Ohio</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Stratten Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Mildred L. Thornhill</b>		14. NAME OF HUSBAND OR WIFE <b>Edna E. 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 W.W. 2</b>		17. INFORMANT Address <b>Edna E. Smith, 10608 Royal Club Lane</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Injuries Multiple Extremes</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Seconds</b>
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)			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 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.) <b>Airplane Accident</b>	
20c. TIME OF INJURY Hour <b>10:45</b> p.m. Month, Day, Year <b>1-29-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Airport</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>	COUNTY STATE <b>Clay Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Frank Mauldin, Acting Coroner</b>		22b. ADDRESS <b>Courthouse, Liberty, Missouri</b>	22c. DATE SIGNED <b>1-31-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-30-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Manfield, Texas Cemetery,</b>	23d. LOCATION (City, town, or county) <b>Dallas, Texas</b>
24. FUNERAL DIRECTOR <b>Kansas City Mortuary Service, 4316 Troost, K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-31-63</b>	26. REGISTRAR'S SIGNATURE <b>B. Ruth Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

6 1963

MAR

Dallas Texas

City

Dallas 29, Texas

Kansas City

10608 Royal Club Lane

Municipal Airport

1-29-63

Smith

White

Joseph

16

1-1-16

White

Male

U.S.A.

Tomball, Ohio

Airport

State

Edna E. Smith

Walter L. Thompson

Station Smith

10608 Royal Club Lane Edna E. Smith

300-01-8418

W.T.S.

Yes

Secured

Interstate Commerce Commission

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 Joseph D. Coldman

10:22 - 1-29-63

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

Kansas City Mortuary Service, 2312 Broadway, Kansas City, Mo.

1-30-63

Revised

Kansas City Mortuary Service, 2312 Broadway, Kansas City, Mo.