

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007029

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1335

STATE FILE NUMBER

VS 300 Rev. 4/59

1
2 7703
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4 1
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7 1
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9334X
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11 1277-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 4 Weeks	c. CITY OR TOWN Raytown
c. FULL NAME OF (If NOT in hospital, give location) Jackson County Hospital		inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) 16802 Lakeview Rd.
3. NAME OF DECEASED (Type or print) Maud Smith		4. DATE OF DEATH Month February Day 25 , Year 1963	
5. SEX Female	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 12/25/1870
9. AGE (last birthday) 92		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Arza Cole	
14. MOTHER'S MAIDEN NAME Sarah Adell		15. NAME OF HUSBAND OR WIFE Albert Smith (dec)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) NO		17. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
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 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 _____ 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 Independence, Missouri	
20g. COUNTY _____		20h. STATE _____	
21. I attended the deceased from 2-14-63 to 2-25-63 and last saw her alive on 2-22-63 Death occurred at 2:45 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Mosser		22b. ADDRESS Independence, Missouri	
22c. DATE SIGNED 2-25-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/26/1963	
23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		23d. LOCATION (City, town, or county) Rogersville Mo.	
24. FUNERAL DIRECTOR Ferrell Funeral Home		25. DATE RECD. BY LOCAL REG. 2-27-63	
24. ADDRESS Rogersville Mo.		26. REGISTRAR'S SIGNATURE Puth Long	

USE BLACK INK OR TYPEWRITER RIBBON

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 MB Langford

Licensed Embalmer No. 5933

P.O. Address See Summit

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.

8081/33/S
L. J. ...
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