

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032453
4696 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4696

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 13 1963

VS 300 Rev. 4/59	DATE AMENDED
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23 298	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Chas. G. Stephens MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>39 yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKE SIDE HOSP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1630 JEFFERSON</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>BRYAN</u> Last <u>SMITTLE</u>			4. DATE OF DEATH Month <u>August</u> Day <u>23</u> Year <u>1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-1-99</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PACKING COMPANY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PACKING COMPANY</u>	11. BIRTHPLACE (City and state or country) <u>WRIGHT CO. MISSOURI</u>
13a. FATHER'S NAME <u>JOSEPH A SMITTLE</u>		13b. MOTHER'S MAIDEN NAME <u>RILDA RANDOLPH</u>	14. NAME OF HUSBAND OR WIFE <u>TELIA P. SMITTLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>WV 71</u>	17. INFORMANT Address <u>TELIA P. SMITTLE 1630 JEFFERSON</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Massive Cerebral Hemorrhage</u>			<u>12 days</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>			<u>10 years</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. <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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>			
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>1938</u> to <u>Aug. 23, 1963</u> and last saw him alive on <u>Aug 23, 1963</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas. G. Stephens MD</u>		22b. ADDRESS <u>3-East 39th Pl. Kansas City, Mo</u>	22c. DATE SIGNED <u>8-24-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Aug 26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mo. Bride Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>PALMER, F. H. LEBANON, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>

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 James Hackleman

Licensed Embalmer No. ~~4573~~ 4573

P. O. Address K. C., Mo.

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.