

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048254

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6750

FILED DEC 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

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

BY AFFIDAVIT OF M. WILLMAN, MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 12 days		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 814 Troupe Avenue	
3. NAME OF DECEASED (Type or print) First Lonnie Middle Smith Last			4. DATE OF DEATH Month December Day 11 Year 1963		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-18-22	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Clarksdale, Miss.	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Ernest Smith		13b. MOTHER'S MAIDEN NAME Alice Coleman	
14. NAME OF HUSBAND OR WIFE Bessie Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WWI			
16. SOCIAL SECURITY NO.		17. INFORMATION Bessie Smith Wife Va Hospital Official Record KCMo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism 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) Post-operative fracture left femur 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 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.) 6737 Rockhill Rd.	
20f. CITY, TOWN, OR LOCATION VAA		COUNTY		STATE	
21. I attended the deceased from November 29, 1963 to December 11, 1963 and last seen alive on _____ Death occurred at 6:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. Willman M.D. Deputy Coroner</i>			22b. ADDRESS 1618 Lydia Ave.		22c. DATE SIGNED 12/12/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-63		23c. NAME OF CEMETERY OR CREMATORY Public Cemetery	
23d. LOCATION (City, town, or county) Clarksdale Miss.		24. FUNERAL DIRECTOR Nathan W. Thatcher K.C. Kansas		25. DATE RECD. BY LOCAL REG. 12-12-63	
26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>					

3-25-64-17115

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

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 Califfad Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 54

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.

21
11-58