

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27057
3489

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>11 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>93</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>45 EAST 55TH STREET</u>		d. STREET ADDRESS (If rural, give location) <u>45 EAST 55TH STREET</u> <u>311</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DELORES</u> b. (Middle) <u>MARIE</u> c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-10-1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY-14-1933</u>	9. AGE (in years last birthday) <u>16 YEARS</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SOUTHWEST HIGH SCHOOL</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES J. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE MARIE NORMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES J. SMITH</u>	ADDRESS <u>45 EAST 55TH ST. KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Palompyelitis Bulbar</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0800</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 16, 1949, to Aug 20, 1949, that I last saw the deceased alive on Aug 2, 1949, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry M. Gilkey M.D.</u>	23b. ADDRESS <u>1624 Prof. Bldg</u>	23c. DATE SIGNED <u>Aug 10 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG-12-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8-12-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *John E. Franking* _____

Licensed Embalmer No. *4483* _____

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.