

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43799**
Registrar's No. **5398**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5398**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson	
b. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Lee Summit MO (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Isabelle b. (Middle) Nancy c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) 12 19 49	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 12 1865
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Lee Summit MO
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Kreeger John W Kreeger		13b. MOTHER'S MAIDEN NAME Katharine Speas	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mable Martin Armato			ADDRESS 1828 Spruce KCMO
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure (b) Cerebral thrombosis (c) Cardio-Vascular Renal Syndrome 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 H42 X	
19c. INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		19d. INTERVAL BETWEEN ONSET AND DEATH 3 days	
19e. INTERVAL BETWEEN ONSET AND DEATH _____		19f. INTERVAL BETWEEN ONSET AND DEATH _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 5, 1949 , to Dec 19, 1949 , that I last saw the deceased alive on 12/19, 1949 , and that death occurred at 1:36 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE A. J. Milazzo		23b. ADDRESS D.O.H. 1811 Chandler	
23c. DATE SIGNED 12/20/49			
24a. BURIAL OR CREMATION (REMOVAL) (Specify) Burial		24b. DATE 12-21-49	
24c. NAME OF CEMETERY OR CREMATORY Lee Summit		24d. LOCATION (City, town, or county) Lee Summit MO	
24e. DATE REC'D BY LOCAL REG. 12-20-49		24f. REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Passarino Bros		ADDRESS Lee MO	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Francis Walton

Licensed Embalmer No. 2744

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 this body is not embalmed, fact should be so stated above.