

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1951

State File No. 1317

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>40 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>2318 E 48th</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>LAKESIDE HOSPITAL</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>DILLARD</i> b. (Middle) <i>OLIVER</i> c. (Last) <i>SMITH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-7-1951</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>mar.</i>	
8. DATE OF BIRTH <i>9-24-1887</i>		9. AGE (In years last birthday) <i>63</i>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saw man</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (State or foreign country) <i>Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Mark Smith</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs Blanche Kelly Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW#1</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Blanche Smith 2318 E 48th</i>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Parenchymatous Nephritis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Duodenal Ulcer</i> <i>gastrointestinal obstruction due to closure of pylorus</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS History of Duodenal Ulcer since 1918 Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>72 hr</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>numerous adhesions in upper abdomen. Splenic area pylorus almost completely closed.</i>		19. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 *12-18, 1950*, to *1-7, 1951*; that I last saw the deceased alive on *1-7, 1951*, and that death occurred at *7:22 pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. J. Graham</i>		(Degree or title) <i>D.O. 2</i>		23b. ADDRESS <i>418 Bryant Bldg</i>	
23c. DATE SIGNED <i>1-8-51</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-9-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>					

DATE REC'D BY LOCAL REG. <i>1-8-51</i>		REGISTRAR'S SIGNATURE <i>Deraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C.H. Blackman &amp; Son, Inc Kansas City Mo</i>	
---	--	--	--	--	--

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

3119 Troost

APR 15 1931

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

*W. C. Rinne*

working under my personal supervision.

Student Embalmer No. ....

Signed... *W. C. Rinne* Student Embalmer

Signed *Bert G. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas City*

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.