

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1319**
396

FILED FEB 10 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) About 7yrs. | | d. STREET ADDRESS (If rural, give location) 1613 Troost | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 18th. & Harrison | | | |

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|---|--------------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) OLLIE SMITH | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1951 | | |
| a. (First) | b. (Middle) | | c. (Last) | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 1913 | 9. AGE (In years last birthday) About 37 | 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) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Sapulpa, Okla. / | |
| | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |

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| 13a. FATHER'S NAME Willie Smith | 13b. MOTHER'S MAIDEN NAME Jennie V. Turner | 14. NAME OF HUSBAND OR WIFE Louise Smith |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 448-03-4503 | 17. INFORMANT'S SIGNATURE OR NAME Damon Smith-819 Oakland, Kansas City | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Unknown | | INTERVAL BETWEEN ONSET AND DEATH 7955 |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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) |
| 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? |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Thos. A. Jones | 23b. ADDRESS 1612 E. 12th / 3651 | 23c. DATE SIGNED 1/26/51 |
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| 24a. BURIAL CREMATION (Specify) BURIAL | 24b. DATE 1/29/51 | 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery | 24d. LOCATION (City, town, or county) (State) Sapulpa, Okla. |
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| DATE REC'D BY LOCAL REG. 1-27-51 | REGISTRAR'S SIGNATURE Seraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills | ADDRESS 1212 Vine |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas

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.