

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3896**

FILED FEB 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **167**

0117

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>30 years</b>		d. STREET ADDRESS (If rural, give location) <b>405 North 5th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>405 North 5th St.</b>		d. STREET ADDRESS (If rural, give location) <b>405 North 5th St.</b>	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>
a. (First) <b>Edwin</b> b. (Middle) <b>M.</b> c. (Last) <b>Smith</b>			(Month) (Day) (Year) <b>Feb. 9 1951</b>
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>
<b>male</b>	<b>white</b>	<b>married</b>	<b>December 2, 1887</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>ret. foreman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>railroad</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>
		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Kansas</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ethel Smith</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Ethel Smith</b>
		<b>ADDRESS</b> <b>405 N. 5th St. Joseph, Mo.</b>	
<b>18. CAUSE OF DEATH</b>			
Enter only one cause per line for (a), (b), and (c)			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>30 min.</b>	
<b>ANCECEDENT CAUSES</b>		<b>18 mo.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>18 mo.</b>	
DUE TO (b) <b>Hypertension</b>		<b>18 mo.</b>	
DUE TO (c) <b>Chc myocardiosk</b>		<b>18 mo.</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b>		<b>18 mo.</b>	
Conditions contributing to the death but not related to the disease or condition causing death. <b>known coronary disease</b>			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 18, 1950</u>, to <u>June 6, 1951</u>, that I last saw the deceased alive on <u>June 6, 1950</u>, and that death occurred at <u>10:30 A.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Ed Grant M.D.</b>		<b>23b. ADDRESS</b> <b>St. Joseph Mo</b>	<b>23c. DATE SIGNED</b> <b>2.10.51</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>24b. DATE</b> <b>2/12/51</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>Feb 19, 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl C. Car...</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Heaton-Bowman Funeral Home</b>	
		<b>ADDRESS</b> <b>St. Joseph, Mo.</b>	

JAN 28 1956

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.

Signed William Spalding.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4520.....

P. O. Address 319 S. 10th St. Joseph, 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.