

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20381**  
**2461**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Blue Springs Rural</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>Woods Chapel Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sherman</b>	b. (Middle) <b>William</b>	c. (Last) <b>Smith</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-7-1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 6 1865</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Hartford Con.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Charles Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Martha White</b>	14. NAME OF HUSBAND OR WIFE <b>Mary S. Smith</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Gerber</b>	ADDRESS <b>Blue Springs Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>about 1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Advanced adenocarcinoma of sigmoid.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Spinal cord +</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Surgery for colostomy</b>		<b>15 1/2 h</b>	

19a. DATE OF OPERATION <b>6-2-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>as above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>L</b>	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) <b>_____</b>	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 May 30, 1951, to June 7th, 1951, that I last saw the deceased alive on June 7th, 1951 and that death occurred at 2:53 AM, from the causes and on the date stated above.

23a. SIGNATURE <b>A. E. Linville D.O.</b>	23b. ADDRESS <b>25 East 12th St. K.C. Mo.</b>	23c. DATE SIGNED <b>6-7-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/9/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit</b>	24d. LOCATION (City, town, or county) (State) <b>Lee's Summit Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-8-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Langford</b>	ADDRESS <b>Lee's Summit Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAING 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

*N.B. Langford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.