

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23233**
2955

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

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 11 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2nd 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 4024 PROSPECT AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) N. c. (Last) SMITHEY			4. DATE OF DEATH (Month) (Day) (Year) JULY-11-1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH DEC-1-1910	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR: Months 1 Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) VALLEY PARK, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DAVID A. EVERETT	13b. MOTHER'S MAIDEN NAME DAISY BANCROFT	14. NAME OF HUSBAND OR WIFE DEAN SMITHEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-05-8115	17. INFORMANT'S SIGNATURE OR NAME MRS. DAISY EVERETT ADDRESS VALLEY PARK MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		5 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) Chronic Rheumatic Valvulitis mitral and aortic valves		5 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pulmonary Infarction	5 days
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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 <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 10, 1951**, to **July 11, 1951**, that I last saw the deceased alive on **July 10, 1951**, and that death occurred at **5:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Graham Asher M.D. (Degree or title)	23b. ADDRESS Kansas City, Mo. 1220 Professional Bldg.	23c. DATE SIGNED 7-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY-12-1951	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KIRKWOOD MISSOURI
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DATE REC'D BY LOCAL REG. 7-12-51	REGISTRAR'S SIGNATURE Geraldine Helmer	25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons ADDRESS 331 GROIN CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

APR 17 1962

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *B.C. Ste.*

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.