

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27189

State File No. ....

3502

BIRTH NO. 53338-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>15 hrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>Line</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>August 3, 1951</u>
9. AGE (In years last birthday) <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Guy William Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Esther Reveall</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Esther Smith</u> ADDRESS <u>---</u>
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) <u>Congenital anomalies (Anencephalus)</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia</u>	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>8-3-</u> , 19 <u>51</u> , to <u>8-3-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-5-51</u> , 19 <u>51</u> , and that death occurred at <u>8:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur W. Swift, D.O.</u> (degree or title)		23b. ADDRESS <u>2105 Indep Ave</u>	
23c. DATE SIGNED <u>8/14/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>8-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.C.C.O.S. Path. Lab.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K.C. College of Osteopathy K.C. Mo.</u> ADDRESS <u>---</u>	
DATE REC'D BY LOCAL REG. <u>8-15-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	

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

3170

750\*

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.