

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30300

3880

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Jackson</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 township) OR TOWN <u>Kansas City</u>				c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1100 Paseo</u>				d. STREET ADDRESS (If rural, give location) <u>1100 Paseo</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lillie</u>			b. (Middle) <u>Johnson</u>			c. (Last) _____				
4. DATE OF DEATH			(Month) <u>9</u>			(Day) <u>8</u>			(Year) <u>1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan. 22, 1881</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>George Robinson</u>				13b. MOTHER'S MAIDEN NAME <u>Lizzie Trim</u>				14. NAME OF HUSBAND OR WIFE <u>Henry Smith, Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Graves, 1100 Paseo</u>						ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Type Heart Disease</u> DUE TO (c) <u>Diabetes Mellitus without Acidosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) (Min.) _____		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 <u>9-6-51</u> , to <u>9-8-51</u> , that I last saw the deceased alive on <u>9-6-51</u> , and that death occurred at <u>7:30 a. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Royall B. Fleming</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1433 E 19th St</u>				23c. DATE SIGNED <u>9-10-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>SEPT-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) <u>Enid, Oklahoma</u>					
DATE REC'D BY LOCAL REG. <u>9-11-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmer</u>				25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <u>Vine St West, Appleton & Jones, Inc., 1905/</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

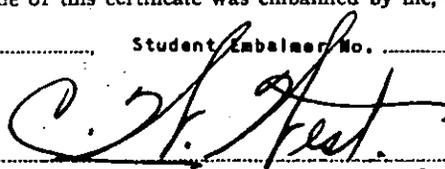
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

2710

P. O. Address _____

15 @ 8-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.