

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 27

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence
 c. LENGTH OF STAY (in this place) 4 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1497 N. Osage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 04350
 d. STREET ADDRESS (If rural, give location) 1497 N. Osage

3. NAME OF DECEASED
 a. (First) Isaac b. (Middle) Monroe c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)
Jan 19 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH May 23-1853

9. AGE (in years last birthday) 98 yrs

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister

10b. KIND OF BUSINESS OR INDUSTRY Minister

11. BIRTHPLACE (State or foreign country) Johnson County Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard V. SMITH

13b. MOTHER'S MAIDEN NAME Mary Ann Bowen

14. NAME OF HUSBAND OR WIFE Malinda M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertrude Arthur 1609 W. Walnut

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) Coronary arteriosclerosis with thrombosis and occlusion
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 3 days
 Years _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Jan. 19, 1952, that I last saw the deceased alive on Jan. 7, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. Grasseke

23b. ADDRESS Independence Mo.

23c. DATE SIGNED 1/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Jan 21-52

24c. NAME OF CEMETERY OR CREMATORY Mount Grove

24d. LOCATION (City, town, or county) (State) Independence Mo.

DATE REC'D BY LOCAL REG. 1-26-52

REGISTRAR'S SIGNATURE James W. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Indep. Mo.

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

485

JAN 25 REC'D

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 *J. Marion Weir*

Licensed Embalmer No. *3156*

P. O. Address *Indy, 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.