

FILED FEB 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1659

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5722 Registrar's No. 114

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 (If outside corporate limits, write RURAL and give town) Rural Praire		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (in this place) 14 days		d. STREET ADDRESS (If rural, give location) 11524 Perry	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) M.		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 10, 1874	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 7 Days 13		IF UNDER 12 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) San Antonio, Texas	
						12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joe Smith		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Mrs. Grace 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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Smith ADDRESS Indep. Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema and Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Multiple ancient cerebral hemorrhages			
		DUE TO (c) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) (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 **Pathologist**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Loraine E. Schultz, M.D. (Degree or title)		23b. ADDRESS Independence Hosp and San.		23c. DATE SIGNED 1-24-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26, '52		24c. NAME OF CEMETERY OR CREMATORY Mound Grove		24d. LOCATION (City, town, or county) (State) Independence Jackson, Mo	
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DATE REC'D BY LOCAL REG. Jan. 26 1952		REGISTRAR'S SIGNATURE Donald C. Earnshaw		25. FUNERAL DIRECTOR'S SIGNATURE Coland Cooper ADDRESS Indep. Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

480

JAN 31 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 *Roland R. Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Indep 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.