

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20674  
2839

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo.	
c. LENGTH OF STAY (If applicable place) 25 Yrs.		d. STREET ADDRESS (If rural, give location) 1645 Madison Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. No 1			

3. NAME OF DECEASED (Type or Print) Thilbert Clarence Smith			4. DATE OF DEATH (Month) (Day) (Year) June 19 52			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 3 1926	9. AGE (In years last birthday) 26	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Anything		11. BIRTHPLACE (State or foreign country) Ala.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James C. Smith	13b. MOTHER'S MAIDEN NAME Doris Higgins	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If res. give war or dates of service) W.W. No. 2 496-24-3326	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James C. Smith 1645 Madison
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull Subdural Haematoma, Ruptured Aneurysm		INTERVAL BETWEEN ONSET AND DEATH  28 1/4 32
	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Harrisonville Cass. Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-19-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Motorcycle Turned Over

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 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 Hugh H. Owens 3 (Degree or title) Hugh H. Owens Coroner	23b. ADDRESS 1034 Rialto Bldg.	23c. DATE SIGNED 6-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/23/52	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 6-21-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 10 1951

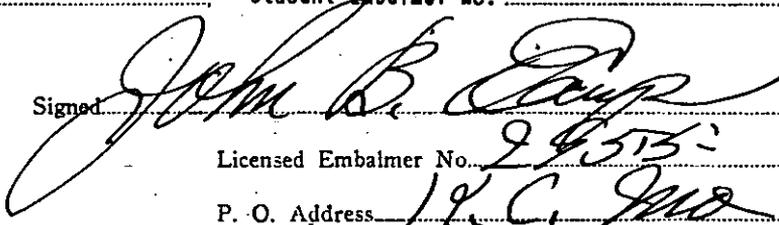
STATEMENT BY LICENSED EMBALMER

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. 24513  
P. O. Address J. C. Camp

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.