

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24671

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3037

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	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) 104 W 9th	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3128

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) W c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) July 2 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 24 1906	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Everett Smith	13b. MOTHER'S MAIDEN NAME Bessie Speaks	14. NAME OF HUSBAND OR WIFE
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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. Bessie Smith ADDRESS Pleasanton KAN 646
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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) Heat stroke		INTERVAL BETWEEN ONSET AND DEATH 27 3/4
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-30-52 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heat Stroke

22. I hereby certify that I attended the deceased from **June 30 1952**, to **July 2 1952**, that I last saw the deceased alive on **July 2 1952**, and that death occurred at **5:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) MD	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 7-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-3-1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Pleasanton Kansas
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DATE REC'D BY LOCAL REG. 7-3-52	REGISTRAR'S SIGNATURE Rosaline Helms	25. FUNERAL DIRECTOR'S SIGNATURE Stine-McLure ADDRESS K.C., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Number

Date

Time

Place

City

State

John A. Walton

STATE OF INDIANA
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
INDIANAPOLIS, IND.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. A. Walton

Signed.....

Student Embalmer

Licensed Embalmer No. 2744

P. O. Address Keeno

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.