

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24673

State File No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3088

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

| | | | |
|--|--|---|---------------------------------------|
| 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 OR TOWN <u>Kansas City</u> township) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Menorah Hosp. K.C., Mo</u> | | d. STREET ADDRESS (If rural, give location) <u>1482 E. 78th St.</u> 3908 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Smith</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 5, 1891</u> |
| 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photography</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial-Livestock</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Morris County, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>Kansas</u> | |
| 13a. FATHER'S NAME <u>William Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>May Wilkinson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lillian V. Smith</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u> | | 16. SOCIAL SECURITY NO. <u>487-38-8294</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian V. Smith</u> | | ADDRESS <u>1482 E. 78th K.C., Mo.</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> <u>antemortem death of the heart</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Occlusion</u> <u>art. descending vessel.</u> | | <u>12 days</u> | |
| DUE TO (c) <u>Coronary Artery Sclerosis</u> | | <u>1 month</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rupture of the Aortic Ventricles 3mm.</u> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 4201 | |
| 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) _____ m. | | 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>June 21, 1952</u> , to <u>July 4, 1952</u> , that I last saw the deceased alive on <u>July 3, 1952</u> , and that death occurred at <u>12:20 a. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Graham Asher MD</u> (Degree or title) | | 23b. ADDRESS <u>1270 Professional Bldg. Kansas City 6 - Mo.</u> | |
| 23c. DATE SIGNED <u>7-5-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-7-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>7-7-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | |
| FUNERAL DIRECTOR'S SIGNATURE <u>Echternacht</u> | | ADDRESS <u>1318 QUINDARO BLVD.</u> | |

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, ~~by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harold B. Cattermole*

Licensed Embalmer No. 3035

P. O. Address 1318 Quindaro

Kansas City, 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.