

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38042

State File No. ....

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 93

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Smithville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u> <span style="float: right;">0240</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.R. #1--Oakwood Addition</u>	
3. NAME OF DECEASED a. (First) <u>Belle</u> b. (Middle) <u>H. P.</u> c. (Last) <u>Rich</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-24-1884</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME (unknown) <u>Andrews</u>		13b. MOTHER'S MAIDEN NAME (unknown) <u>Andrews</u>	14. NAME OF HUSBAND OR WIFE <u>Ermerson R. Rich</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Caraway</u> ADDRESS <u>Linden, Mo.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Renal tubular + uranic poisoning (Rose Spray)</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. <u>E9702</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u> (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 <u>Nov 14, 1952</u> to <u>Nov 15, 1952</u> , that I last saw the deceased alive on <u>Nov 15, 1952</u> , and that death occurred at <u>6:50 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Spelman M.D.</u> (Degree or title)		23b. ADDRESS <u>Smithville Mo</u>	23c. DATE SIGNED <u>11/15/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Kansas</u>
DATE REC'D BY LOCAL REG. <u>11-15-1952</u>	REGISTRAR'S SIGNATURE <u>Beverly Kitchen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Chapels</u> ADDRESS <u>K.C., Kansas</u>	

DEC 30 1952

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 D. Ross Blanford.....

Licensed Embalmer No. 4013.....

P. O. Address KCK.....

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.