

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40736

State File No. ....

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1007 Registrar's No. 10617

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <span style="float: right;">0117</span>	
c. LENGTH OF STAY (In this place) <u>3 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>508 N. Grand Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Vyron</u>	b. (Middle) <u>K.</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11</u> <u>17</u> <u>1952</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>4-11-1894</u>	9. AGE (In years last birthday) <u>58</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	11. UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>casket worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Caskets</u>	11. BIRTHPLACE (State or foreign country) <u>Whitesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas K. N Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Lona A. Agee</u>	14. NAME OF HUSBAND OR WIFE <u>Emma</u>
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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) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John C. ... Supt.</u>	ADDRESS <u>Masonic Home of Missouri, 5351 D. Lamar</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Dy.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>331X</u>
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22. I hereby certify that I attended the deceased from 8-17-, 1952, to 11-17-, 1952, that I last saw the deceased alive on 11-17-, 1952, and that death occurred at 8-15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. ... Supt.</u>	23b. ADDRESS <u>508 N. Grand Ave.,</u>	23c. DATE SIGNED <u>11-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>NOV 18 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 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 \_\_\_\_\_

*John J. Harris*  
Licensed Embalmer No. *4408*

P. O. Address \_\_\_\_\_

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.