No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1953

State File No. 42444
Registrar's No. 5607

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 50 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 5533 ROCKHILL ROAD

3. NAME OF DECEASED (Type or Print)
a. (First): WILTON
b. (Middle): ALFRED
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): DEC-20-1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE-7-1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESIDENT
10b. KIND OF BUSINESS OR INDUSTRY: ROCKHILL FEDERAL SAVINGS & LOAN
11. BIRTHPLACE (City and State or Foreign Country): WINTHROP, NEW YORK
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: GEORGE R. SMITH
13b. MOTHER'S MAIDEN NAME: SUSIE CURTIS
14. NAME OF ~~HUSBAND~~ OR WIFE: MRS. ARLOINE W. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 596-03-8781
17. INFORMANT'S SIGNATURE OR NAME: MRS. ARLOINE W. SMITH — ADDRESS: 5533 ROCKHILL KANSAS CITY, MO.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac rupture	Stat
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	myocardial infarction	11 days
DUE TO (c)	coronary occlusion	4 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		4201

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 12-11, 1952, *to* 12-20, 1952, *that I last saw the deceased alive on* 12-20, 1952, *and that death occurred at* 12:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. Hallberg (Degree or title): J W Hallberg MD MD
23b. ADDRESS: 231-W-47th KC, Mo
23c. DATE SIGNED: 12/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-22-1952
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 12-22-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons — ADDRESS: 1331-BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

fee 1500

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 Charles H Stickney

Licensed Embalmer No. 4560 8

P. O. Address K.C. 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.