5. No. 300
7. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1633

State File No.

FILED FEB 14 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 137

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: 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 405 East 85th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
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): 4709 Troost Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Brand
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Dec. 29, 1889
9. AGE (In years last birthday): 63 yrs.
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): Retired Restaurant
10b. KIND OF BUSINESS OR INDUSTRY: Operator
11. BIRTHPLACE (State or foreign country): Edina, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Edward Smith
13b. MOTHER'S MAIDEN NAME: Mary H. Brand
14. NAME OF HUSBAND OR WIFE: Pearl Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 487-16-3514
17. INFORMANT'S SIGNATURE OR NAME: Mrs John V. Coffey
ADDRESS: 1203 East 42nd

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* (a) Coronary Occlusion — 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) hypertension also — 10 yrs
DUE TO (c) chronic luetic aortitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 023X

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* Jan., 1947 *to* Jan. 10, 1953, *that I last saw the deceased alive on* 1-10, 1953, *and that death occurred at* 8.05 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Gramms DO (Degree or title) — H. F. Gramms DO
23b. ADDRESS: 1102 E 47th
23c. DATE SIGNED: 1-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Auto)
24b. DATE: 1-13-53
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's
24d. LOCATION (City, town, or county) (State): Edina, Mo.

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Thos. E. Quirk
ADDRESS: 4316 Troost Ave.

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1953

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.

Signed Thomas Lieut

Signed.....
Student Embalmer

Licensed Embalmer No. 3775

P. O. Address K. C. M

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.