

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13638**  
Registrar's No. **34**

FILED MAY 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **5289**

1. PLACE OF DEATH  
a. COUNTY **CLAY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO** b. COUNTY **CLAY**

b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN **LIBERTY GABBATIN** c. LENGTH OF STAY (in this place) **10 YRS**

c. CITY OR TOWN **LIBERTY RT2** d. Is Residence within limits of city or incorporated town?  No  Yes

d. FULL NAME OF HOSPITAL OR INSTITUTION **4 1/2 Mi. No. 969 on J Hiway**

e. STREET ADDRESS (If rural, give location) **4 1/2 mi. No. 969 hiway on J Hiway**

3. NAME OF DECEASED  
a. (First) **ALfred** b. (Middle) **Azell** c. (Last) **Smith**

4. DATE OF DEATH (Month) (Day) (Year) **MAY 4 1953**

5. SEX **MALE**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **MAY 24 1910**

9. AGE (In years last birthday) **42** if UNDER 1 YEAR Months **11** Days **24** if UNDER 1 MIN. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Creek Paper Box Co.**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **LECOMA, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Jess W. Smith**

13b. MOTHER'S MAIDEN NAME **Elsie Williams**

14. NAME OF HUSBAND OR WIFE **Gladys Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WW 2**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS. Gladys Smith RT2 Liberty**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Thrombosis**  
ANTECEDENT CAUSES  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

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) (Min.)

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **D. Pate M.D. Coroner** (Degree or title)

23b. ADDRESS **74th Kansas City, Mo**

23c. DATE SIGNED **5/8/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **5-8-1953**

24c. NAME OF CEMETERY OR CREMATORY **RHEA CEMETERY**

24d. LOCATION (City, town, or county) (State) **LECOMA, Missouri**

DATE REC'D BY LOCAL REG. **5-8-53**

REGISTRAR'S SIGNATURE **Beulah Kitcher** (3)

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **D. W. Newcomer's N.K.C. Mo.**

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

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. 483 working under my personal supervision..

Student John W. Kalsbeek  
Signature of Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.