

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14282**

FILED APR 25 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1867**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 19 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3568
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location) 3108 Benton Blvd.		
3. NAME OF DECEASED a. (First) MARGIE b. (Middle) SMITH c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) April 5 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1934	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George P. Smith		13b. MOTHER'S MAIDEN NAME Cecille Mertins		14. NAME OF HUSBAND OR WIFE Dale L. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-30-6805	17. INFORMANT'S SIGNATURE OR NAME Dale L. Jones, 3108 Benton Blvd. K.C., 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, asphyxia, 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) Encephalopathy-Type Undetermined					
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. Status Epilepticus					32X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		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 March 31st, 1953 , to April 4th, 1953 , that I last saw the deceased alive on April 5th, 1953 , and that death occurred at 1:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. H. Trowbridge		23b. ADDRESS 1905 Bryant Building Kansas City, Missouri.		23c. DATE SIGNED 4-6-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri		
DATE REC'D BY LOCAL REG. 4-7-53		REGISTRAR'S SIGNATURE Meraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer ADDRESS 1331 Brush Creek Blvd. Kansas City, Missouri.		

WRITE PLAINLY—USING INK

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

Albert L. Savage

Licensed Embalmer No. *4842*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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