

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14510**
2061

FILED MAY 8 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City Mo.		c. CITY (If outside corporate limits, write RURAL and give township) near Bosworth Missouri 0170 X	
c. LENGTH OF STAY (In this place) 19 days		d. STREET ADDRESS (If rural, give location) 3 1/2 Miles west of Bosworth Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Leah	b. (Middle) Elizabeth	c. (Last) Smart	4. DATE OF DEATH (Month) (Day) (Year) April 17 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23rd 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife on farm	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) 3 1/2 Miles west of Bosworth Mo.	12. CITIZEN OF WHAT COUNTRY? D
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13a. FATHER'S NAME John E. Dean	13b. MOTHER'S MAIDEN NAME Evie Alliman	14. NAME OF HUSBAND OR WIFE Charles Robert Smart
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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) NO	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Charles Robert Smart, Bosworth Mo. R#1	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension + Arteriosclerotic Heart disease with heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 3/2 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction		DUE TO (c) 3 wks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input checked="" 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 30, 1953**, to **Apr 17, 1953**, that I last saw the deceased alive on **Apr 17, 1953**, and that death occurred at **1:59 pm.**, from the causes and on the date stated above.

23a. SIGNATURE M. G. Berry MD	(Degree or title) MD	23b. ADDRESS 315 Nichols Rd Kansas City	23c. DATE SIGNED Apr 17 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 17-1953	24c. NAME OF CEMETERY OR CREMATORY Big Creek, 4 Miles sw of Bosworth, Bosworth, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-17-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster	ADDRESS 918 Brooklyn K.C. Mo.
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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. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. D. Stenrich

Licensed Embalmer No. 55-99

P. O. Address 111 A

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.