

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18391

State File No.

FILED JUN 4 1953

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission. a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp</u>	
c. LENGTH OF STAY (In this place) <u>30yr</u>		d. STREET ADDRESS (If rural, give location) <u>Rear 85+ Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rear 85+ Chestnut</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>J.</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-53</u>		
5. SEX <u>♂</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 21-1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Watchman</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Frank Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Joy Hammond</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-24-2941</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Turner</u>	
				ADDRESS <u>122 Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		AETIOLOGICAL 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: <u>History Shortness breath</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Post Sermut 4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 <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 _____, 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 (Degree or title) <u>Dr. Annie G. Hedges</u>		23b. ADDRESS <u>136 N. 3rd St</u>		23c. DATE SIGNED <u>5-20-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	

DATE REC'D BY LOCAL REG. <u>5/21/53</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie G. Hedges</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Longford</u>	
				ADDRESS <u>122 Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *N. B. Dampford*

Licensed Embalmer No. 3833

P. O. Address *Lee's Summit*

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.