S. No. 300
v. 10.48

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28868

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3815

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

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): 38 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 447 WEST 67TH TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First): BEN
b. (Middle): F.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): JULY 31 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 3 1896
9. AGE (In years last birthday): 57 — 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): SALESMAN REPRESENTATIVE
10b. KIND OF BUSINESS OR INDUSTRY: PACIFIC LUMBER CO.
11. BIRTHPLACE (City and State or Foreign Country): NEWKIRK, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BENJAMIN F. SMITH
13b. MOTHER'S MAIDEN NAME: EUGENIA C. BAKER
14. NAME OF HUSBAND OR WIFE: MRS. DOROTHY G. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 500-14-8982
17. INFORMANT'S SIGNATURE OR NAME: MRS. DOROTHY G. SMITH — ADDRESS: 447 W. 67TH TERR. KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurism of Aorta c̄ — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — Hemorrhage in Pericardium

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) probably asteriosclerotic

DUE TO (c) — 451X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 3 yrs

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* 5-29, 1950, *to* July 31, 1953, *that I last saw the deceased alive on* July 31, 1953, *and that death occurred at* 2:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward H. Thiessen (Degree or title): Edward H. Thiessen MD
23b. ADDRESS: Plaza Time Bldg KC Mo
23c. DATE SIGNED: 8-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 3 1953
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 8-1-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: O. W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Lo 5514

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 445

P. O. Address K.C. 10 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.