

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28869
3938

State File No.

FILED AUG 27 1953
BIRTH NO. 9 9750 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 Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 months		e. STREET ADDRESS (If rural, give location) 1442 E. 3rd St. 3108	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1442 E. 3rd St.			

3. NAME OF DECEASED (Type or Print) Karon Smith			4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953		
a. (First)	b. (Middle)	c. (Last)			
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH May 7, 1953	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME [REDACTED]	13b. MOTHER'S MAIDEN NAME Edna Smith	14. NAME OF HUSBAND OR WIFE none
---	--	--

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 Edna Smith	ADDRESS 1442 E. 3rd St.
---	--------------------------------------	--	-----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT, SUICIDE, OR HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or on home, farm, factory, street, etc.) 1612 E 12th St. Jackson, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, MO.
21d. TIME OF INJURY 8/1/53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Regurgitated food

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 [Signature]	(Degree or title) 3	23b. ADDRESS 1612 E 12th St	23c. DATE SIGNED 8/1/53
--------------------------------------	-------------------------------	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/4/53	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. 8-7-53	REGISTRAR'S SIGNATURE Staldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter Reed	ADDRESS 18th & Benton
---	--	--	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Bruce F. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18 1/2 St*

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.