No. 300
10.48

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

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

State File No. 36092

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4954

**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): Over 1yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen. Hosp. #2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2304 E. 12th Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Euntice
b. (Middle):
c. (Last): Smith

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 12, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 2, 1914
**9. AGE** (In years last birthday): 38
IF UNDER 1 YEAR: Months ~~10~~ Days ~~10~~
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laundry worker
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Shreveport, Louisiana
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Louis Smith
**13b. MOTHER'S MAIDEN NAME**: Katherine Bradford
**14. NAME OF HUSBAND OR WIFE**: Webb Smith

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 450-28-1492
**17. INFORMANT'S SIGNATURE OR NAME**: Charles Jackson
ADDRESS: 2304 E. 12th 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Subdural Hemorrhage

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebro-Vascular sclerosis
DUE TO (c) Shock

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: E90 nb 45

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): City Hall steps
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Kansas City Jackson Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 10-12-53. 7:30 a.m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [X]
**21f. HOW DID INJURY OCCUR?**: fell striking head on steps

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): L. M. Tillman Deputy Coroner
**23b. ADDRESS**: 1618 Lydia
**23c. DATE SIGNED**: 10/14/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10/16/53
**24c. NAME OF CEMETERY OR CREMATORY**: St. Paul Cemetery
**24d. LOCATION** (City, town, or county) (State): Shreveport, La.

DATE REC'D BY LOCAL REG.: 10-15-53
REGISTRAR'S SIGNATURE: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: West, Appleton & Jones, Inc., 1905 Vine

(Licensed Embalmer's Statement on Reverse Side)

## 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 Consuelo Gladys Bodeau, Student Embalmer No. 486, working under my personal supervision.

Student Consuelo Gladys Bodeau
Student Embalmer

Signed Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State 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 this body is not embalmed, fact should be so stated above.

K-C Kan