

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

**39281**

State File No. \_\_\_\_\_

**5399**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City,</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. LENGTH OF STAY (In this place) <b>41 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St Joseph Hospital</b>			
e. STREET ADDRESS <b>414 Garfield</b>		f. (If rural, give location) <b>3108</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Carrie</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Smith</b>	<b>Nov. 12 1953</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 26 1899</b>	<b>9. AGE</b> (In years last birthday) <b>53</b>	<b>10. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Howard County Missouri</b>	

<b>13a. FATHER'S NAME</b> <b>Edward Otto Keeling</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Lee Phoebus</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lloyd C. Smith</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NO</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Lloyd C. Smith 414 Garfield K.C. Mo.</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>2 yrs</b>  <b>5811</b> <b>2 days</b> <b>1 day</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u><i>Pericarditis of Lungs</i></u>		
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u><i>Alcoholism</i></u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u><i>Arteriosclerosis of heart, Diabetes, Congestive failure, atelectasis</i></u>			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 11/10, 1953 to 11/12, 1953, that I last saw the deceased alive on 11/10, 1953, and that death occurred at 6:45 Am., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u><i>D. J. Cutcliff</i></u> (Degree or title) <u><i>MD</i></u>	<b>23b. ADDRESS</b> <u><i>1222 Mc Kee</i></u>	<b>23c. DATE SIGNED</b> <u><i>11/13/53</i></u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Nov. 14 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>11-14-53</b>	<b>REGISTRAR'S SIGNATURE</b> <u><i>Seraldine Smith</i></u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Mrs C.L. Forster 918 Brooklyn Kas. City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10-48

FILED DEC 2 - 1953

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..... *Joe B. Yoder*  
Licensed Embalmer No. *417*  
P. O. Address..... *N.C. 72*

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.