

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

State File No. **39423**
Registrar's No. **457**

FILED DEC 14 1953

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		REGISTRAR'S NO. 457	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Jackson		(Rural)		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) Blue 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 22		(Rural Blue 2000 0)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 138 S. Glenwood				d. STREET ADDRESS (If rural, give location) 138 S. Glenwood			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Mary	b. (Middle) A	c. (Last) Smith	Month Dec.	Day 4	Year 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1866		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR	IF UNDER 6 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and State or Foreign Country) Smithton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John England		13b. MOTHER'S MAIDEN NAME Jane Jobe		14. NAME OF HUSBAND OR WIFE Thos. H. Smith (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jane Davis, Kansas City 22, Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute myocarditis				5 da	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarct				2 wk.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Structural Right Hip				2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Nov. 20th, 1953, to 12-4-53, 19, that I last saw the deceased alive on 12-5-53, 19, and that death occurred at 9:15P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. J. [Signature]			23b. ADDRESS Independence Missouri			23c. DATE SIGNED 12-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/7/53	24c. NAME OF CEMETERY OR CREMATORY Salt Fork Cemetery		24d. LOCATION (City, town, or county) (State) Nelson, Mo.		
DATE REC'D BY LOCAL REG. 12-7-53	REGISTRAR'S SIGNATURE [Signature]		354	FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Independence, Mo.	

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
Student Embalmer

Signed Richard P. Francis

Licensed Embalmer No. 2863

P. O. Address Indy, Mo.

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.