

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43182**
5811

FILED DEC 29 1953

BIRTH NO. _____ 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)
OR
TOWN **Kansas City**

c. LENGTH OF STAY (in this place)
32 years

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **4128 Wabash Avenue**

e. STREET ADDRESS (If rural, give location)
4128 Wabash Avenue **3628**

3. NAME OF DECEASED
a. (First) **E. L. L. E. N** b. (Middle) **B.** c. (Last) **S M I T H**

4. DATE OF DEATH **Dec. 9, 1953**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 1

8. DATE OF BIRTH **Nov. 2, 1883**

9. AGE (in years last birthday) **70**

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (City and State or Foreign Country)
Phoeniville, Pa. /

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
William E. Boyd

13b. MOTHER'S MAIDEN NAME
Cornelia M. Batzel

14. NAME OF HUSBAND OR WIFE
Leon Avery Smith

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Frank E. Sample, 4128 Wabash, K.C.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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **uremia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive Cardiovascular**
DUE TO (c) **Renal disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
///

442X

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)

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 **Jan 1953**, to **12-8-53**, 19____, that I last saw the deceased alive on **12-8-53**, and that death occurred at **10:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE **Geo. C. Kealhofer** (Degree or title)
Geo. C. Kealhofer M.D.

23b. ADDRESS
4050 Brookchapel Ave

23c. DATE SIGNED
12-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
December 11, 53

24c. NAME OF CEMETERY OR CREMATORY
Green Lawn Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG.
12-10-53

REGISTRAR'S SIGNATURE
Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
FREEMAN MORTUARY, K.C., Mo.

(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 *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

P. O. Address *Kansas City*.....

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.