

STANDARD CERTIFICATE OF DEATH

45110

State File No. ....

FILED JAN 22 1954

6179

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14A PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Parkville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>131 days</b>		e. STREET ADDRESS (If rural, give location) <b>RFD# 4</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Adm. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LA VERNE</b> b. (Middle) <b>L.</b> c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 31, 1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>August 11, 1894</b>
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Anderson, Indiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Albert W. Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Foster</b>	14. NAME OF HUSBAND OR WIFE <b>Dottie Smith</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WW I</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Files of the Veterans Administration</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach with generalized metastases</b>		<b>1 yr</b>
	ANTECEDENT CAUSES Abnormal 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.		<b>151X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **August 22, 1953, to December 31, 1953**, and that death occurred at **9:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George A. Higgins, M.D.</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>VAH, Kansas City, Missouri</b>	23c. DATE SIGNED <b>1-2-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-3-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Ferguson &amp; Sons</b>	ADDRESS <b>KE 200</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH  
OFFICE OF THE STATE EMBALMER  
CHICAGO, ILLINOIS

**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. ~~4531~~

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *John R. Sidman*  
Licensed Embalmer No. 4531

P. O. Address *100 E. 2nd 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.