

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1683**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Jackson (Bracketing)		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 Box 3 Lees Summit, Mo		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 1104 E 67th		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 3021 Harrison 3438	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) N.	c. (Last) Smith.	4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 29, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Handler	10b. KIND OF BUSINESS OR INDUSTRY A.P. Express Co	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward F. Smith	13b. MOTHER'S MAIDEN NAME Joan Fitzgerald	14. NAME OF HUSBAND OR WIFE Grace Smith
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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) Yes	16. SOCIAL SECURITY NO. 714-07-1709	17. INFORMANT'S SIGNATURE OR NAME Grace Smith	ADDRESS 3021 Harrison St. e.
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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) Coronary Thrombosis		15 Min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Insufficiency 6 Mo		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-2, 1953**, to **1-13, 1954**, that I last saw the deceased alive on **1-13-54**, and that death occurred at **3:30 AM** from the causes and on the date stated above.

23a. SIGNATURE J. K. Koffson, M.D. (Degree or title)	23b. ADDRESS Keokuk, Mo	23c. DATE SIGNED 1-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 15-54	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.	24d. LOCATION (City, town, or county) (State) Jackson Co. Mo
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DATE REC'D BY LOCAL REG. 1-15-54	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Indep. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1955

MAR 17 1954

MAY 15 1958

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 L. Kepley*.....

Licensed Embalmer No. 42

P. O. Address *Indep*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.