

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4324

State File No.

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

BIRTH FILED FEB 23 1954		REG. DIST. NO. 73	PRIMARY REG. DIST. NO. 2291	Registrar's No. 15
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kearney Twn.	c. LENGTH OF STAY (in this place) 71 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kearney Township		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 4 Miles West of Kearney		
3. NAME OF DECEASED (Type or Print) Katie	a. (First)	b. (Middle) A.	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Jan. 30, 1864	9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Matt Buchta		13b. MOTHER'S MAIDEN NAME Catherine Buch	14. NAME OF HUSBAND OR WIFE David M. 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 Matt Smith Kearney, Mo. RFD		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Atherosclerosis ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH Indef.
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) 4500		
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?		
22. I hereby certify that I attended the deceased from Jan, 1949, to Feb 17, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Glenn W. Henderson		(Degree or title) MD	23b. ADDRESS Liberty, Mo	23c. DATE SIGNED 2/19/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cem.	24d. LOCATION (City, town, or county) Clay County	(State) Missouri
DATE REC'D BY LOCAL REG. Feb 20, 1954	REGISTRAR'S SIGNATURE Mabel Graham 491	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McGomas Funeral Home Smithville, Mo.		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Ronald W. Hanks*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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.