

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12233

State File No.

1759

FILED MAY 6 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>									
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1027 E 9th</u>				e. STREET ADDRESS (If rural, give location) <u>15 1027 E 9th 3138</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>			b. (Middle) <u>Smith</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-54</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>3-27-1908</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Breeding hounds</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Wm Smith</u>			13b. FATHER'S MAIDEN NAME <u>Jessie Lennox</u>			14. NAME OF HUSBAND OR WIFE <u>Alfred Smith Deceased</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>113-03-1413</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie McJuire Carotucket R?</u>								
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) <u>Lobar Pneumonia</u> 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 <u>490X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Hugh B. Owens</u> (Degree or title) _____					23b. ADDRESS <u>1034 Pratts Blk</u>				23c. DATE SIGNED <u>4-17-54</u>				
24. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>		24d. LOCATION (City, town, or county) (State) <u>KS Mo</u>							
DATE REC'D BY LOCAL REG. <u>4-19-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam B. ... KC Mo</u>							

(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 .....

Licensed Embalmer No. 427.....

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.