

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1954

State File No. 27708

BIRTH NO. 53411-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3906

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. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) Thru		e. STREET ADDRESS (If rural, give location) 3837 East 9th St. 3198	

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) SMITH c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Aug. II, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Aug. II, 1954		9. AGE (In years last birthday) 1 hr		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Paul Smith		13b. MOTHER'S MAIDEN NAME Ruth Carol Murphy		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Smith 3837 East 9th St. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurely born ANTECEDENT CAUSES b no gestation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal Hydrocephalus (rounded) 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	
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)		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) M.D.		23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 11 Aug 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. II, 1954		24c. NAME OF CEMETERY OR CREMATORY Butler	
24d. LOCATION (City, town, or county) Butler Mo.		24e. LOCATION (City, town, or county) Butler Mo.		24f. LOCATION (City, town, or county) Butler Mo.	

DATE REC'D BY LOCAL REG. 8-11-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forster Funeral Home Kansas City Mo.	
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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..... *Dean Owen*

Licensed Embalmer No. *428*

P. O. Address *K.C., 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.