

No. 300
10.48

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34292

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 418

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Brooking

c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill

d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 Mi. E. Raytown Rd. On

d. STREET ADDRESS (If rural, give location) 50 Hi-Way 615 Cedar

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Kemper c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 23, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Oct. 13, 1936

9. AGE (In years last birthday) 18 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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Pleasant Hill, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James A. Smith

13b. MOTHER'S MAIDEN NAME Wilma Kemper

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-40-9848

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Wilma Smith, Pleasant Hill, M.

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) ruptured Aorta
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis
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. E8234 31

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.) street

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Jackson MO MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-23-54 10:00 A.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Car turned over

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 (Degree or title) Wm. W. Pivens, M.D.

23b. ADDRESS 1034 Pratto Bldg.

23c. DATE SIGNED 10-23-54

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 25, 1954

24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill

24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.

DATE REC'D BY LOCAL REG. 10-23-54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] Brownfield Funeral Home, Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1955

MAY 5 1955

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
Student Embalmer

Signed

N. B. Langsford Jr.

Licensed Embalmer No. 4862

P. O. Address Lee's Summit, 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 this body is not embalmed, fact should be so stated above.