

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1293

272

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY OR TOWN <u>RAYTOWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HAZELWOOD REST HOME</u>				STREET ADDRESS (If rural, give location) <u>57th & WINDSOR 7000</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>LILLIAN</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>SMITH</u>	(Month) <u>JAN</u>	(Day) <u>18</u>	(Year) <u>1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 22 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 1 WRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Everton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>PHILLIP LUNT</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA</u>		14. NAME OF HUSBAND OR WIFE <u>EDWIN LEE SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN L. SMITH</u>		ADDRESS <u>RAYTOWN MO</u>	
18. CAUSE OF DEATH		18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Sclerotic H. Disease & failure</u>				<u>3 1/2 rs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident.</u>				<u>3 M.</u>	
		DUE <u>Gen. Arterial Sclerosis.</u>				<u>10 1/2 rs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>4200</u>	
		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"/>	
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 <u>Aug</u> , 19 <u>51</u> , to <u>1/18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/19</u> , 19 <u>55</u> , and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. S. Biggs, M.D.</u> (Degree or title)				23b. ADDRESS <u>Raytown, Mo</u>		23c. DATE SIGNED <u>1/19/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BROOKING CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>1-20-55</u>		REGISTRAR'S SIGNATURE <u>Neval Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin L. Kelly Indgo. M.D.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

H. S. Biggs

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
William L. Kephley

Licensed Embalmer No. 42

P. O. Address
Indep

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.