

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1377

FILED JAN 20 1955

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? <u>yes</u> <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>45 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>70250</u> <u>913 S. Noland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janes</u> b. (Middle) <u>C.</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 21, 1891</u>		9. AGE (In years last birthday) <u>64</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>Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>telephone company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>W. R. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia A. Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie I. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>886-03-7973</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie I. Smith, Independence, Mo.</u> ADDRESS	

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>Anterior coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis.</u> DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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 Dec 26, 1954, to Jan 14, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold V Woods MD</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>1/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOOND GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>1-17-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING 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..... *Tom D Markland*

Licensed Embalmer No. *459*

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.