

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5094**
799

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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 town) KANSAS CITY	c. LENGTH OF STAY (in this place) D. O. A.	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DDA. ST. MARY'S HOSPITAL		f. STREET ADDRESS (If rural, give location) 718 EAST 92ND STREET 1	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT	b. (Middle) Henry	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 19 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 31 1909	9. AGE (In years last birthday) 45	if UNDER 1 YEAR Months Days	if UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Director	10b. KIND OF BUSINESS OR INDUSTRY Bruce School	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward E. Smith	13b. MOTHER'S MAIDEN NAME Henrietta Ziegelmeyer	14. NAME OF HUSBAND OR WIFE KATHRYN E. SMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-14-6749	17. INFORMANT'S SIGNATURE OR NAME Kathryn E. Smith	ADDRESS 718 East 92nd St. Kansas City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4-7-55
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	ANTECEDENT CAUSES		4201
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3/10/1943**, to **2/19/1955**, that I last saw the deceased alive on **2/16/1955**, and that death occurred at **A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edson C. Carrier (Degree or title) MD	23b. ADDRESS 242 Plaza Hill Bldg	23c. DATE SIGNED 2/19/55
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE Feb 22-55	24c. NAME OF CEMETERY OR CREMATORY St. Joe Cemetery	24d. LOCATION (City, town, or county) (State) Shawnee KANSAS
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DATE REC'D BY LOCAL REG. 2-21-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer	ADDRESS One, 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.....
John B. Lewis

Licensed Embalmer No. *487*

P. O. Address *KC MD*

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.