

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5096**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **811**

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) 35 YRS.	c. CITY OR TOWN KANSAS CITY	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4026 E. 70th ST. TERRACE		e. STREET ADDRESS (If rural, give location) 4026 E. 70th St. TERRACE	

3. NAME OF DECEASED (Type or Print)	a. (First) CARL	b. (Middle) AUGUST	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) FEB. 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 JAN. 1, 1888	9. AGE (In years last birthday) 67	if UNDER 1 YEAR Months Days	if UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TURBINE TENDER	10b. KIND OF BUSINESS OR INDUSTRY CORN PRODUCTS REFINING CO. INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Brunswick, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID SMITH	13b. MOTHER'S MAIDEN NAME SALLIE WREN	14. NAME OF HUSBAND OR WIFE BESSIE J. 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) YES WORLD WAR I	16. SOCIAL SECURITY NO. 495-05-6893	17. INFORMANT'S SIGNATURE OR NAME Mrs. BESSIE J. SMITH	ADDRESS K.C. Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION	INTERVAL BETWEEN ONSET AND DEATH 1 DAY
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0	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) 0	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 **12-3**, 19**45**, to **2-19**, 19**55**, that I last saw the deceased alive on **1-4**, 19**55**, and that death occurred at **3:00** a.m., from the causes and on the date stated above.

23. SIGNATURE P. C. Quistgard (Degree or title) MD	23b. ADDRESS 6222 Piquette G.S.L.	23c. DATE SIGNED 2-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-22-1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 2-22-55	REGISTRAR'S SIGNATURE meva minshall	25. FUNERAL DIRECTOR'S SIGNATURE N.W. Thompson	ADDRESS 1551 1/2 Bush Creek K.C. 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 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.