

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32587**

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **90**

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty	c. LENGTH OF STAY (in this place) 4 yrs	c. CITY OR TOWN Liberty	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 200 F Hoop		e. STREET ADDRESS (If rural, give location) 200 F Hoop	

3. NAME OF DECEASED (Type or Print) a. (First) PAUL	b. (Middle)	c. (Last) SASSIE	4. DATE OF DEATH (Month) (Day) (Year) Oct 29-55
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15-1861	9. AGE (in years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) porter	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Switzerland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm S	13b. MOTHER'S MAIDEN NAME Wm S	14. NAME OF HUSBAND OR WIFE Wm S
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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. no	17. INFORMANT'S SIGNATURE OR NAME Loof Home Records	ADDRESS Liberty, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4500		
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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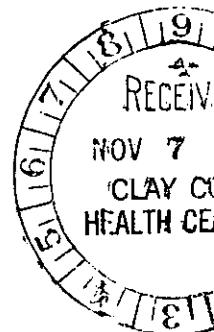
22. I hereby certify that I attended the deceased from **1953** to **Oct 29, 1955**, that I last saw the deceased alive on **Oct 28, 1955**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm H. Anderson M.D.	(Degree or title)	23b. ADDRESS Liberty Mo	23c. DATE SIGNED 10/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 1-55	24c. NAME OF CEMETERY OR CREMATORY 200 F Hoop	24d. LOCATION (City, town, or county) (State) Liberty Mo
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DATE REC'D BY LOCAL REG. Nov 3, 1955	REGISTRAR'S SIGNATURE Nabel Graham	491	25. FUNERAL DIRECTOR'S SIGNATURE Francis Archer Co.	ADDRESS Liberty Mo
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(Licensed Embalmer's Statement on Reverse Side)



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..... *Harold G. Smith*.....

Licensed Embalmer No. *45*

P. O. Address *Liberty*

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.