

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33544**
4169

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 13 YEARS	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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 311 NORTH CHELSEA AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) HOMER	b. (Middle) D	c. (Last) Smith, SR.	4. DATE OF DEATH (Month) (Day) (Year) SEPT 23, 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 OCT 20, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIRE TIED CARMAN	10b. KIND OF BUSINESS OR INDUSTRY TERMINAL INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MAYFIELD, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME CHARLES B. SMITH	13b. MOTHER'S MAIDEN NAME MARGARET DAVIS	14. NAME OF HUSBAND OR WIFE NETTIE LOU 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. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS NETTIE LOU SMITH	ADDRESS 311 No. CHELSEA 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease with Cardiac Failure DUE TO (c) Hypertension		

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 May 30, 1951, to Sept. 22, 1955, that I last saw the deceased alive on Sept 22, 1955, and that death occurred at 3:07A. m., from the causes and on the date stated above.

23a. SIGNATURE Otto H. Thal (Degree or title) M.D.	23b. ADDRESS 4301 Main Street	23c. DATE SIGNED 9-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 26 1955	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 9-26-55	REGISTRAR'S SIGNATURE Newman Minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS	ADDRESS 1331 SOUTH CROOK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard H. Rogers*.....

Licensed Embalmer No. 49

P. O. Address *H. C. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.