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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33677

State File No.

FILED OCT 27 1955

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 405

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Independence Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Independence
d. Is Residence within limits of city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1947 Drum 100 D

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle)
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 21 1854
9. AGE (In years last birthday) 101 | 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) Retired Dairyman
10b. KIND OF BUSINESS OR INDUSTRY Dairy Ind.
11. BIRTHPLACE (City and State or Foreign Country) Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Smith
13b. MOTHER'S MAIDEN NAME Mary Johnson
14. NAME OF HUSBAND OR WIFE James Smith dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Henry L. Livingston - Indep. Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senescence — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — , 794X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Febr, 1945, *to* 10-16-55, 19___, *that I last saw the deceased alive on* 10-16-55, 19___, *and that death occurred at* 11:55 m., *from the causes and on the date stated above.*

23a. SIGNATURE Vance E. Fink (Degree or title) M.D.
23b. ADDRESS 129 W. Lexington, Indep., Mo.
23c. DATE SIGNED 10-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 19 - 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Mount Ozone
24d. LOCATION (City, town, or county) (State) Independence - Mo

DATE REC'D BY LOCAL REG. 10-19-55
REGISTRAR'S SIGNATURE 354
25. FUNERAL DIRECTOR'S SIGNATURE Roland G. Speaks
ADDRESS Indep. Mo

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Kenneth Patterso

Licensed Embalmer No. 46.9

P. O. Address Indianap

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.