

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1955

State File No. **40887**
5004

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 township) OR TOWN Kansas City		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"/>
c. LENGTH OF STAY (in this place) 37 YRS		e. STREET ADDRESS (If rural, give location) 633 Brighton	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) McKinley	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) 11 17 - 55
-------------------------------------	---------------------------	-----------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug 12 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min.
--------------------	-------------------------------	--	-------------------------------------	---	------------------------	-----------------------	-----------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Fry Cook	10b. KIND OF BUSINESS OR INDUSTRY Howes Cafe	11. BIRTHPLACE (City and State or Foreign Country) Mendota MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---

13a. FATHER'S NAME Charles V. R. Smith	13b. MOTHER'S MAIDEN NAME Alma Albright	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-05-1425	17. INFORMANT'S SIGNATURE OR NAME James R. Smith	ADDRESS 633 Brighton
---	--	--	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 524X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anthracosis with bilateral pulmonary interstitial fibrosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Nov. 4, 1955, to Nov. 17, 1955, that I last saw the deceased alive on Nov. 17, 1955, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns, M.D.	(Degree or title) D	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 11-17-1955
---	----------------------------	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Green Lawn	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. 11-18-55	REGISTRAR'S SIGNATURE Neva Minshel	25. FUNERAL DIRECTOR'S SIGNATURE Phil Funeral Home	ADDRESS J. C. Mc
---	--	--	----------------------------

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

James A. Hill

Licensed Embalmer No. *48*

P. O. Address *X. C. M.*

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