

FILED JAN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No: **1453**
86

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) **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **246 East 72 Terrace**

STREET ADDRESS (If rural, give location) **246 East 72 Terrace**

3. NAME OF DECEASED
a. (First) **Mary Frances** b. (Middle) **Smith** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 6, 1956

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **May 13, 1862**

9. AGE (In years last birthday) **93** 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) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY **home**

11. BIRTHPLACE (City and State or Foreign Country) **Alton, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Eugene Durocher**

13b. MOTHER'S MAIDEN NAME **Sarah Briggs**

14. NAME OF HUSBAND OR WIFE **Elmer Smith**

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. G.C. Lighthizer, daughter, K.C., MO.**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac & Respiratory failure**
ANTECEDENT CAUSES.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive hemorrhage**
DUE TO (c) **Myocardial degeneration**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4222

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 **Jan 5, 1956** to **JAN 6, 1956**, that I last saw the deceased alive on **JAN 5, 1956** and that death occurred at **21 m.** from the causes and on the date stated above.

23a. SIGNATURE **A. L. Gentry** (Degree or title)

23b. ADDRESS **4949 Swape Parkway**

23c. DATE SIGNED **1/6/56**

24a. BURIAL CREMATION, REMOVAL (Specify)

24b. DATE **Jan. 6, 1956**

24c. NAME OF CEMETERY OR CREMATORY **Maple Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Kansas**

DATE REC'D BY LOCAL REG. **1-7-56** REGISTRAR'S SIGNATURE **new Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Gates Funeral Home, Kansas City, Kans.**

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 *Joseph M. McCarthy*.....

Licensed Embalmer No. *4694*.....

P. O. Address *H. C. Ma.*.....

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.