

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5124

Registrar's No. ....

370

|   |                               |  |  |  |  |  |  |  |
|---|-------------------------------|--|--|--|--|--|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. ....   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b> |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |                               | c. LENGTH OF STAY (In this place)<br><b>22 yrs.</b>  |  | c. CITY OR TOWN <b>Kansas City</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>  |                               |  |  | e. STREET ADDRESS (If rural, give location)<br><b>113 4810 Oak</b> <span style="float: right;">3137</span>                                     |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>EDMOND</b><br>b. (Middle) <b>ANSILL</b><br>c. (Last) <b>SMITH</b>   |                               |  | 4. DATE OF DEATH<br><b>Jan. 25, 1956</b>       |  |  |  |  |  |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   |  | 8. DATE OF BIRTH<br><b>Sept. 26, 1885</b>  | 9. AGE (In years last birthday)<br><b>70</b>         | IF UNDER 1 YEAR<br>Months<br>Days  | IF UNDER 24 HRS.<br>Hours<br>Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Real Estate</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>LaCygne, Kansas</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |  |
| 13a. FATHER'S NAME<br><b>Frank H. Smith</b>   |                               |  | 13b. MOTHER'S MAIDEN NAME<br><b>Lula Brown</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Merry J. Smith</b> |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>486-08-0215</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Merry J. Smith, 4810 Oak, K. C. Mo.</b>   |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                            |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive heart disease</b><br>DUE TO (c) <b>Chronic Glomerular Nephritis</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b> |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>5 yrs</b><br><b>5 yrs</b><br><b>592X</b> |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>—</b>   |  |  |  |  | 20. AUTOPSY?<br>YES <input 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)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><b>1-10</b>  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 10, 1956</b> , to <b>1-25</b> , 1956, that I last saw the deceased alive on <b>Jan 24</b> , 1956, and that death occurred at <b>12:30</b> m., from the causes and on the date stated above. |                               |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br><b>Allen L. Hearst M.D.</b>   |                               |  |  | 23b. ADDRESS<br><b>1100 Prof. Bldg.</b>  |  | 23c. DATE SIGNED<br><b>Jan 25 1956</b>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>   |                               | 24b. DATE<br><b>1-26-56</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Newcomer's Crematory</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>  |  |  |
| DATE REC'D BY LOCAL REG.<br><b>1-26-56</b>  |                               | REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>STINE &amp; McCLURE UND. CO.</b>  |  | ADDRESS<br><b>K.C. MO.</b>   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Allen L. Hearst

Dr. Allen L. Hearst

Exp 12:30 a.

~~Prof. H. H. H.~~

60-3177

5715. Brookwood Rd.

5:15 P.M.

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 *Robert M. [Signature]* .....

Licensed Embalmer No. 480

P. O. Address *169 [Signature]*

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.