

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1124

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1124</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>52 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6811 Pennsylvania</u>				STREET ADDRESS (If rural, give location) <u>6811 Pennsylvania</u>			
3. NAME OF DECEASED (Type or Print) <u>HOWARD</u>		a. (First) <u>W.</u>		b. (Middle) <u>SMITH</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 56</u>		5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-29-1883</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Public Serv.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Rapids, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wright W. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia M. Baker</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth L. Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>486-05-4875</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth L. Smith</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute & Chronic Pyelo-nephritis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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. <u>Parkinson's Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>6 yrs.</u> <u>16 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>March 5, 1940</u> to <u>March 12, 1956</u> , that I last saw the deceased alive on <u>Feb 5, 1956</u> and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jesse D. Rising</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Univ. of Kansas Medical Center</u>		23c. DATE SIGNED <u>March 13, 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-13-56</u>		REGISTRAR'S SIGNATURE <u>Nevas Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eyler</u>			
				ADDRESS <u>1800 E. Linwood</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Jesse D. Rising

W. J. D. Rising
K.C. Medical Center
TR 2-5252

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.....
Licensed Embalmer No. *2197*
P. O. Address..... *KC.*

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