

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9318**
1232

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
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 General Hospital #2
e. STREET ADDRESS (If rural, give location) 59 3715 Topping 3540

3. NAME OF DECEASED
a. (First) Nancy b. (Middle) Smith c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 3 14 1956

5. SEX Female 6. COLOR OR RACE col. 7. MARRIED-NEVER-MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Oct. 2 1890 9. AGE (In years last birthday) 76.75 10. MONTHS 7 11. HOURS 15 12. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTH PLACE (City and State or Foreign Country) Columbia, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Jim Ridgeway 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Dorothy S. Adkin ADDRESS 369 Harrison

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio vascular disease.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443 h

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) _____ 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 3-13-56, 19 , to 3-14-56, 19 , that I last saw the deceased alive on 3-14-56, 19 , and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Bryan (Degree or title) M.D. 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 3-15-56

24. BURIAL: CREMATION, REMOVAL (Specify) _____ 24b. DATE 3/22/1956 24c. NAME OF CEMETERY OR CREMATORY Highland 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 3-20-56 REGISTRAR'S SIGNATURE newminshall 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. H. B. Moore ADDRESS 1820 E. 18th St.

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

Nov 1-11-26

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 *Clifford J Woods*.....

Licensed Embalmer No. *310*.....

P. O. Address *1520 N*.....

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.