

FILED MAY 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. 16604

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1711

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residency before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Hayti	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 Wheatley Hospital		e. STREET ADDRESS (If rural, give location) 103 N. Cedar Street	
3. NAME OF DECEASED (Type or Print) Annie		a. (First) _____ b. (Middle) _____ c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) April 20, 1956
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 2, 1900
9. AGE (In years last birthday) 56 yrs.		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 None	11. BIRTHPLACE (City and State or Foreign Country) Glendora, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Thomas	
13b. MOTHER'S MAIDEN NAME Charity Parks		14. NAME OF HUSBAND OR WIFE Thom J. Smith	
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 Thom J. Smith
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mucus plugging bronchi, severe and		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) bronchopneumonia	
DUE TO (c) Diabetes (clinical) with diabetic nephropathy, Anasarca, Hypertrophy of heart - Anemia, severe.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		491X	
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)		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 Apr. 5 1956 , to Apr. 20, 1956 , that I last saw the deceased alive on 4-20, 1956 , and that death occurred at 4 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE P. C. Turner		23b. ADDRESS 1435 E 19th	
23c. DATE SIGNED 4-21-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE April 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Hayti, Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Walter's Bros. Funeral Hm.	
DATE REC'D BY LOCAL REG. 4-21-56		REGISTRAR'S SIGNATURE Neva Minshel	

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

7/21-65 33

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..... *Bruce L. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th & Be*

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.