

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **20725**  
Registrar's No. **2360**

**FILED JUN 25 1956**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2360</u>			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		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 <b>NORTHEAST OSTEO. HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>420 WEST 11th</b>				<b>31160</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>STELLA</b>			b. (Middle) <b>M</b>		c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 27, 1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> , DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>AUG. 23, 1888</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LA PLATA, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>WM. J. McKESSON</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH WADDLE</b>			14. NAME OF HUSBAND OR WIFE <b>FLOYD G. SMITH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-26-4891</b>		17. INFORMANT'S SIGNATURE OR NAME <b>K.C. WORTH</b> <b>MRS. VIRGINIA RUPE 2502 EAST 62</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Infarction</b> ANTECEDENT CAUSES (b) <b>Coronary Sclerosis</b> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>  <b>4201</b>	
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)					
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 <u>5-23</u> , 1956, to <u>5-27</u> , 1956, that I last saw the deceased alive on <u>5-26</u> , 1956, and that death occurred at <u>6:50</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <b>F.W. Thompson</b> (Degree or title) <b>DO.</b>				23b. ADDRESS <b>705 Bryant Bldg</b>		23c. DATE SIGNED <b>5-28-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>MAY 30, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>KIRKSVILLE, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>5-29-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. H. Blackman + Son N.C. Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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..... *W. C. Rine* .....

Licensed Embalmer No. 482

P. O. Address..... *P. C. R.* .....

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.