

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22907

FILED AUG 6 - 1956

State File No. .... 824

BIRTH NO. 44271-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 824

1. PLACE OF DEATH  
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Kansas b. COUNTY Atchison

b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph  
c. LENGTH OF STAY (if this place) 3 hours

c. CITY OR TOWN Atchison  
d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

e. STREET ADDRESS (If rural, give location) Spring Street 815 1/2

3. NAME OF DECEASED (Type or Print)  
a. (First) Clyde b. (Middle) Robert c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) 7-31-56

5. SEX Male 6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never

8. DATE OF BIRTH 7-31-56

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 2 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Clyde Robert Smith

13b. MOTHER'S MAIDEN NAME Beverly Ann Browning

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Robert Smith Atchison, Ks.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congenital heart (def. myocardia)  
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.

INTERVAL BETWEEN ONSET AND DEATH 3 hrs

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) Atchison (Buchanan) (Kansas)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/31 1956

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 7544

22. I hereby certify that I attended the deceased from 12:20 AM, 1956, to 2:30 AM, 1956, that I last saw the deceased alive on 7/31, 1956, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement C. Johnson M.D.

23b. ADDRESS St. Joseph, Mo.

23c. DATE SIGNED 7-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 31, 1956

24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State) Atchison, Kansas.

DATE REC'D BY LOCAL REG. Aug 2, 1956

REGISTRAR'S SIGNATURE Edward M. Allison

FUNERAL DIRECTOR'S SIGNATURE Meierhoff, F. Benson

ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

445

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup>

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. *3258*

P. O. Address *St. Joseph, Mo.*

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.