

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23968  
State File No. 3153

FILED AUG 8 - 1956

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 Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

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 St. Mary's Hospital

e. STREET ADDRESS (If rural, give location) 2020 Oakland 8150

3. NAME OF DECEASED (Type or Print)  
a. (First) Mr. Edward b. (Middle) Henry c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)  
7-18, 1956

5. SEX  Male  Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH 12-27-1876

9. AGE (In years last birthday) 79

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R.R.

11. BIRTHPLACE (City and State or Foreign Country) Alleghany, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert, Emmett Smith

13b. MOTHER'S MAIDEN NAME Margaret Williams

14. NAME OF HUSBAND OR WIFE Mrs. Henrietta Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daughter, Mrs. Carroll E. Pray, KC 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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Lung (L)  
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 2 yrs.  
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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) m.

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 Jan, 1946, to 7/18, 1956, that I last saw the deceased alive on 7/18, 1956, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE Edson G. Carrier (Degree or title) MP

23b. ADDRESS 2426 Plaza Med Bldg.

23c. DATE SIGNED 7/20/56

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

24b. DATE 7-20-56

24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery

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

DATE REC'D BY LOCAL REG. 7-20-56

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Fulton, Kansas City, Kansas

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

Blayne Medical Bldg  
7-20-56

**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 *R. A. Fulton*.....

Licensed Embalmer No. *3503*.....

P. O. Address *K.C.M.*.....

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.