

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

State File No. **34243**
4271

No. 300
10-48

FILED OCT 24 1956

BIRTH NO. _____ REG. DIST. NO. 1A9 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 CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN PLATTSBURG	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 1/2 day		e. STREET ADDRESS (If rural, give location) R.R.# 1, PLATTSBURG	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2,			

3. NAME OF DECEASED (Type or Print)	a. (First) BILLY	b. (Middle) EUGENE	c. (Last) SMITH	4. DATE OF DEATH (Month) (Day) (Year) 9 29 56
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 14, 1927	9. AGE (In years last birthday) 28 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (City and State or Foreign Country) PLATTSBURG ? MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOHN L. SMITH	13b. MOTHER'S MAIDEN NAME HELEN GREENE	14. NAME OF HUSBAND OR WIFE ERMA SMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME JOHN L. SMITH ? R.R.# 1, PLATTSBURG MO	ADDRESS MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock

ANTECEDENT CAUSES

DUE TO (b) Hemothorax Right

DUE TO (c) Penetrating Stab Wound of Lung Right

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E 900	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2830 Norton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 29, 1956 6:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Don't know
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. M. Tillman</i> Deputy coroner	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 9/30/56
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE 10-1-1956	24c. NAME OF CEMETERY OR CREMATORY PLATTSBURG CEMETERY	24d. LOCATION (City, town, or county) (State) PLATTSBURG ? MISSOURI
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DATE REC'D BY LOCAL REG. 10-1-56	REGISTRAR'S SIGNATURE <i>News Minshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. Series</i>	ADDRESS R. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman M. D. Deputy Coroner

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 *Landis A. Jackson*.....

Licensed Embalmer No. *485*.....

P. O. Address *R.C. 211*.....

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.