

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34244

STATE FILE NUMBER

4673

FILED NOV 15 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4673

1. PLACE OF DEATH a. COUNTY Dackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Length of stay in 1b) 60 - 64 years		d. STREET ADDRESS 804 E. 11th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First CHARLES Middle W. Last SMITH				4. DATE OF DEATH Month October Day 26 Year 1956								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-6-92		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter - COMMISARY			10b. KIND OF BUSINESS OR INDUSTRY A-T-SANTA F.E.R.R. RESTAURANT		11. BIRTHPLACE (City and state or country) Wakenda, Missouri		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Thomas L. Smith				14. MOTHER'S MAIDEN NAME Palina Jane Jenkins								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. 494 12 8662		17. INFORMANT VA Hospital Records, 4801 Linwood, K C Mo			Address.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empyema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Primary Carcinoma of lung DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Metastatic carcinoma to mediastinal lymph nodes							INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 16 2X					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. Attended the deceased from Sept. 26, 1956 to Oct. 26, 1956 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							22a. SIGNATURE Herbert T. Ravines M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 10-27-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR-GREMATORY		23d. LOCATION (City, town, or county) (State)						
BURIAL		NOV. 30. 1956		FT. LEAVENWORTH NATL CEM.		FORT LEAVENWORTH KANSAS						
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331. BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 10-29-56		26. REGISTRAR'S SIGNATURE Neva Minshall					

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 *Richard L. Rogers*
Licensed Embalmer No. 44

P. O. Address: 500

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.