FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38243
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5001

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V.A. HOSPITAL — Length of stay in this place: 25 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3439 COLLEGE — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: JOHANNAS Last: SMEEHUYZEN

4. DATE OF DEATH Month: 11th Day: 18th Year: 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 8-8-97

9. AGE (In years last birthday): 59 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: MUSICIAN JENKINS MUSIC

11. BIRTHPLACE (City and state or country): Rotterdam, Holland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: J. J. Smeehuyzen

14. MOTHER'S MAIDEN NAME: Marie Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 7-15-17 to 4-12-19

16. SOCIAL SECURITY NO.: 470108663

17. INFORMANT Address: V.A. Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobular pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary emphysema
DUE TO (c): Bronchial asthma

INTERVAL BETWEEN ONSET AND DEATH: 241 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK VA ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 8, 1956, to November 18, 1956 [illegible]
Death occurred at 10:15 a.m. X on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E. Qualheim ROBERT E. QUALHEIM, M. D.

22b. ADDRESS: V.A. HOSPITAL, KANSAS CITY, MO

22c. DATE SIGNED: 11-18-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov 20, 1956

23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: D.W. Newcomers Sons — ADDRESS: 1371 Brush Creek Blvd K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 11-19-56

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Robert E. Qualheim

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., student Embalmer No. ....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed ..... Richard L. Rogers

Licensed Embalmer No. 49

P. O. Address .....

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.