Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1956

STATE FILE NUMBER 38372

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 503

1. PLACE OF DEATH a. COUNTY: Jackson	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: Independence — Inside Limits: Yes ☒ No ☐	c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sanitarium — Length of stay in 1b: 3 wks	d. STREET ADDRESS (If outside, give location): 2015 Harvard — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Clay	Middle: E.	Last: Smith	4. DATE OF DEATH (Month, Day, Year): Nov. 13, 1956
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept. 12, 1892	9. AGE (In years last birthday): 64 — 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): Butcher	10b. KIND OF BUSINESS OR INDUSTRY: Meat	11. BIRTHPLACE (City and state or country): Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY?: USA	
13. FATHER'S NAME: Henry Smith		14. MOTHER'S MAIDEN NAME: Elizabeth Lloyd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none	16. SOCIAL SECURITY NO.: 490 09 2204	17. INFORMANT (Address): Mrs. Fannie Smith, Independence, Mo.		

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): Carcinoma of the Prostate gland c metas

INTERVAL BETWEEN ONSET AND DEATH: 2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Cancer

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fractured at hip 3 weeks before 177XF

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell on the floor at home

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year: 200 AM 10-25-56

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

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

20f. CITY, TOWN, OR LOCATION: Independence, Mo — COUNTY: — STATE:

21. I attended the deceased from 1-1-54, to 11-13-56 and last saw her/him alive on 11-12-1456. Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C H Allen M.D.	22b. ADDRESS: Independence Mo	22c. DATE SIGNED: 11-15-56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/16/56	23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem.	23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: Geo. C. Carson — ADDRESS: Independence, Mo.	25. DATE RECD. BY LOCAL REG.: 11-16-56	26. REGISTRAR'S SIGNATURE: James Gray	

(Licensed Embalmer's Statement on Reverse Side)

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NOV 2 6 REC

STATEMENT BY LICENSED EMBALMER

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

~~by me, or~~ by John A. Dedmon, Student Embalmer No. 5

working under my personal supervision.

Student John A. Dedmon
Signature of Student Embalmer

Signed Floyd C. Carson

Licensed Embalmer No. 4

P. O. Address Indianapolis

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.