

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

585

State File No.

FILED JAN 23 1957

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5231 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3898</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile west of Creighton on Hwy 135</u>		d. STREET ADDRESS (If rural, give location) <u>2607 EAST 78th ST. Terr. 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>STANLEY</u>	b. (Middle) <u>RICHARD</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>1</u> <u>15</u> <u>1957</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 21 1934</u>	9. AGE (In years last birthday)	<u>22</u>	IF UNDER 1 YEAR	IF UNDER 6 MRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LOUISBURG KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>ERNEST L. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>ALLENE STAYTON</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or date of service) <u>KOREAN WAR</u>	16. SOCIAL SECURITY NO. <u>488 36 3666</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ERNEST SMITH</u>	ADDRESS <u>2607 E 78th ST. Terr. K.C. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TRAUMA</u>	DUE TO (b) <u>SKULL FRACTURE</u>		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <u>AUTO ACCIDENT</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 35</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sherman Township Cass Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN 15 1957 8:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>
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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 4:10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bruce Jaudin</u> (Degree or title) <u>(Cowan)</u>	23b. ADDRESS <u>2 Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>1/15/57</u>
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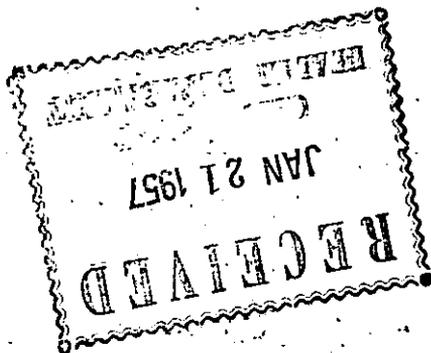
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 18, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>STANLEY KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>1-17-57</u>	REGISTRAR'S SIGNATURE <u>Trudie Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Rowles</u>	ADDRESS <u>Some Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

457

FEB 27 1957



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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert W. Robinson

Signed.....
Student Embalmer

Licensed Embalmer No. *4902*

P. O. Address

Louisville, Mo.

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 this body is not embalmed, fact should be so stated above.