

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5008

State File No.

FILED MAR 13 1957

BIRTH NO. 100156-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 894

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>8.0 a.</u>		d. STREET ADDRESS (If rural, give location) <u>102 W. Pettis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hosp.</u>		e. FULL NAME OF DECEASED a. (First) <u>Ralph</u> b. (Middle) <u>Craig</u> c. (Last) <u>Smith</u>	
3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1957</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>
7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Aug. 5, 1956</u>	9. AGE (In years last birthday) <u>9</u> MONTHS <u>18</u> DAYS <u>18</u> HOURS <u></u> MIN. <u></u>	10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>4 Sedalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>Nola Smith</u>	14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nola Smith-102 W. Pettis, Sedalia, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infection</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema (n.m.o.)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition 5272</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23-56-2-23-57, 1957, that I last saw the deceased 1:30 pm Feb. 23, 1957 and that death occurred at 2:30 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul A. Jones MD 23b. ADDRESS Sedalia Mo 23c. DATE SIGNED 25 Feb 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb. 25, 1957 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cem. 24d. LOCATION (City, town, or county) (State) Sedalia Mo.

DATE REC'D BY LOCAL REG. 2-25-57 REGISTRAR'S SIGNATURE Neve Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eric Shepard 400 W. Coopers Sedalia Mo

WRITE PLAINLY—USING INK—NEEDING BLACK INK—MAKE A PERMANENT RECORD
Karl Conser

25. J. Price Alexander

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
Student Embalmer

Signed *J. Price Alexander*

Licensed Embalmer No. *4245*

P. O. Address *Seattle 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.