Health, Welfare Public Service

300
1-56

FILED MAR 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5185
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9355 E. 67 Terr. — Length of stay in 1b 7 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 3011 No. 7th. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Frank — Middle Boyd — Last Smith
4. DATE OF DEATH: Month Feb — Day 27 — Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED XXX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov 17 1883
9. AGE (In years last birthday) 73 — 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) Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and state or country) Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME John D. Smith
14. MOTHER'S MAIDEN NAME Delia Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) X X X X
16. SOCIAL SECURITY NO. 500 07 4661
17. INFORMANT Address Mrs. Linnie Smith, 9355 E 67 Terr. Raytown

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) Coronary Occlusion — Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease 6 Months & Cardiac decompensation since Jan 19-1957
DUE TO (c) Generalized Arteriosclerosis — 10 years
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
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.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 19, 1957, to Feb 27, 1957 and last saw her/him alive on Feb 25, 1957
Death occurred at 9 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert K. Russell M.D.
22b. ADDRESS 6300 Evanston Raytown, Mo.
22c. DATE SIGNED Feb 28, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-2-1957
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEM. Chapels Inc K. C. Mo
25. DATE RECD. BY LOCAL REG. 3-2-57
26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 23 1962

MAY 17 1957

MAR 4 1957

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Everett L. Seel

Licensed Embalmer No. 48

P. O. Address Kansas C

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