.S. No. 300
EV. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wayne Hart

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13425

BIRTH NO. 2584-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1307

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Children's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN ~~Kingsville~~ Kingsville
d. Is Residence within limits of city or incorporated town? No ☒
e. STREET ADDRESS (If rural, give location) R. #1 0510

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Wayne
c. (Last) Smith

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 57

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 1-16-57

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months 2 Days 9 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Holden, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Rudolph Smith

13b. MOTHER'S MAIDEN NAME Mary Carson

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Smith **ADDRESS** Kingsville, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lt. acute and terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) mucus viscous

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Liver fatty degeneration Paralytic ileus — 5810

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11, 1957, *to* 3-19, 1957, *that I last saw the deceased alive on* 3-19, 1957, *and that death occurred at* 7 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE Wayne Hart (Degree or title) MD

23b. ADDRESS 1710 Independence Ave, K.C. Mo

23c. DATE SIGNED 3-19-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-21-1957

24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery

24d. LOCATION (City, town, or county) Holden (State) Mo

DATE REC'D BY LOCAL REG. 3.20-57

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE Conaway & Kopp **ADDRESS** Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

KP
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STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. L. Canaday

Licensed Embalmer No 3434

P. O. Address Holden M

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