

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14296**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place <b>3 Days</b>		e. STREET ADDRESS (If rural, give location) <b>4339 Genesee</b> <b>3718</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS MICHAEL</b> b. (Middle) <b>SMITH</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April-20-1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec-1-1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Surgeon Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R.R.</b>		11. BIRTHPLACE <b>Woodland, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Essie Myrtle Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Robert Hunt</b> ADDRESS <b>4816 Holly Kansas City Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Uremia</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>Circulatory Collapse</b>		<b>3 days</b>	
		DUE TO (c) <b>Coronary Artery Disease</b>		<b>(?) 0</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Articular Fibrillation</b>		<b>(?)</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **April 17, 1957**, to **April 20, 1957**, that I last saw the deceased alive on **April 20, 1957** and that death occurred at **9:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. McCreary MD</b> (Degree or title)	23b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>	23c. DATE SIGNED <b>4/22/57</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 23-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Monica Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-22-57</b>	REGISTRAR'S SIGNATURE <b>Robert Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cath. Funeral Home</b> ADDRESS <b>Moberly Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 30 1951

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.....  
Signature of Student Embalmer

Signed.....  
*P. M. Carter*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.