Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32176
STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4157

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bethesda Hospital — Length of stay in 1b 39 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 324 South Quincy — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First GEORGE Middle EDWIN Last SMITH

4. DATE OF DEATH Month Sept. Day 3 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Nov. 14 1880

9. AGE (In years at last birthday) 76 — 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) Tool Clerk

10b. KIND OF BUSINESS OR INDUSTRY Rock Island

11. BIRTHPLACE (City and state or country) Hale, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Smith

13b. MOTHER'S MAIDEN NAME Evelyn Yeager

14. NAME OF HUSBAND OR WIFE Martha Smith

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. 708-16-2891

17. INFORMANT Miss Edna P. Smith — Address 324 S. Quincy

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) Cerebrovascular — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Age-Arteriosclerosis et — Several years
DUE TO (c) Carcinoma Transverse Colon 153X — History of about 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Major surgery for relief of obstruction due to above
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Aug 19th 1957 to Sept 3rd 1957 and last saw him alive on Sept. 3rd 1957
Death occurred at 3.50 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.E. Linville (Degree or title) D.O.
22b. ADDRESS 25 E. 12th K.C. Mo.
22c. DATE SIGNED 9-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept. 6 1957
23c. NAME OF CEMETERY OR CREMATORY Hale Cemetery
23d. LOCATION (City, town, or county) Hale (State) Missouri

24. FUNERAL DIRECTOR C. H. Blackman & Son Inc. ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 9-5-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

A.E. Linville

KP 2

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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address K. C. 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.