

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010197
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1199

300
1-57

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| 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>JACKSON</u> | |
| b. CITY OR TOWN <u>KANSAS CITY</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>KANSAS CITY</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3104 EAST 73RD ST.</u> | Length of stay in lb <u>20 YEARS</u> | d. STREET ADDRESS <u>3104 EAST 73RD STREET</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>FLORENCE</u> Middle <u>IDA</u> Last <u>SMITH</u> | 4. DATE OF DEATH Month <u>MARCH</u> Day <u>4</u> Year <u>1958</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>OCT-15-1916</u> | 9. AGE (In years last birthday) <u>41</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (City and state or country) <u>PUEBLO, COLORADO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>WILLIAM FISHER</u> | 13b. MOTHER'S MAIDEN NAME <u>STELLA UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>HERMAN SMITH</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>487-36-2729</u> | 17. INFORMANT <u>HERMAN SMITH</u> Address <u>3104 EAST 73RD STREET, KANSAS CITY MISSOURI</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERAL CARCINOMATOSIS</u> DUE TO (b) <u>CARCINOMA OF Female Organs</u> DUE TO (c) <u>PRIMARY SITE, PROBABLY UTERUS</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u> | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY <u>---</u> STATE <u>---</u> |
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21. I attended the deceased from JAN-1957, to FEB 28 58 and last saw her alive on FEB 28 58
Death occurred at --- m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>D.F. Weinberg</u> (Degree or title) <u>D.O.</u> | 22b. ADDRESS <u>7204 Prospect</u> | 22c. DATE SIGNED <u>3/4/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>MAR. 6. 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILL'S CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-5-58</u> | 26. REGISTRAR'S SIGNATURE <u>neva Marshall</u> |
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MEDICAL CERTIFICATION

D.F. Weinberg

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Disease, condition, etc. must use only standard nomenclature in item 1b. No symptoms will be listed. All diseases in Part I must be causally related.

Nov 3-4211



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 *Chester K. Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE 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.