

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010202
STATE FILE NUMBER
1149

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1149

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-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.		Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 5121 Montgall Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Maurice Middle Kenneth Last SMITH			4. DATE OF DEATH Month 3 Day 1 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/19/1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY K.C. Power & Light	9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Salisbury Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cadell G. Smith		13b. MOTHER'S MAIDEN NAME Caroline Isert	14. NAME OF HUSBAND OR WIFE Lula Mable Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) yes WW II		16. SOCIAL SECURITY NO. 493-12-0048	17. INFORMANT Address Lula Mable Smith, 5121 Montgall
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strokes & Hemorrhages resulting from multiple basal ganglia & fractures of rt. leg & right wrist			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) car struck bldg, entrapment	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 3-1-58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	
		20f. CITY, TOWN, OR LOCATION Hannasett Jackson Mo COUNTY 123 STATE	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree optional) Geo. C. Kealhofer		22b. ADDRESS 607 Market St	22c. DATE SIGNED 3-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-4-1958	23c. NAME OF CEMETERY OR CREMATORY New Home Cemetery	23d. LOCATION (City, town, or county) (State) Warsaw, Mo.
24. FUNERAL DIRECTOR ADDRESS Melody-McGiller-Epler 1900 Lincoln		25. DATE RECD. BY LOCAL REG. 3-3-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Geo. C. Kealhofer

(Licensed Embalmer's Statement on Reverse Side)



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 *Wm H Gentry*

Licensed Embalmer No. *5038*
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.