

Health,  
Welfare  
Public  
Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010204  
STATE FILE NUMBER  
1278

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1278

1. PLACE OF DEATH a. COUNTY <b>Jackson</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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>711 1/2 W. 14 St.</b>		d. STREET ADDRESS <b>711 1/2 W. 14 St.</b>	
3. NAME OF DECEASED (Type or print) <b>Willard Smith</b>		4. DATE OF DEATH Month <b>March</b> Day <b>9</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 7, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RR. Maintance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milwaukee R. R.</b>	11. BIRTHPLACE (City and state or country) <b>BROOKLYN IOWA</b>
13a. FATHER'S NAME <b>Peter Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Dillingham</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>		17. INFORMANT <b>Spencer Glenn, 12600 Holmes Rd.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>42 hrs</b>	
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 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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>3</b>		22b. ADDRESS <b>1034 Pratts Blv</b>	
22c. DATE SIGNED <b>3-10-58</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	
23b. DATE REMOVAL OF BODY <b>3-12-58</b>		23c. LOCATION (City, town or county) (State) <b>Gascony, Mo. K. C., Mo.</b>	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>3-10-58</b>	
ADDRESS <b>Woodland-Linwood</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Hugh H. Owens

All diseases in Part I must be causally related.



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 *Melvin Darteau* .....

Licensed Embalmer No. *4903* .....  
P. O. Address *KCMO* .....

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.