

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017410

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 576

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			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 St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 34180		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		Length of stay in lb 11 years	d. STREET ADDRESS (If outside, give location) 2401 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Betty Smith			4. DATE OF DEATH Month May Day 31 Year 1958		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1884	9. AGE (In years last birthday) 73	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lawrence, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Roffle		13b. MOTHER'S MAIDEN NAME Mary Woodfork		14. NAME OF HUSBAND OR WIFE Willam Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address William Smith 2401 Tracy, K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Chronic Arteriosclerotic Heart Disease					unknown
DUE TO (c) 4200					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease included in PART I (a) Py in State Hospital #2 since Sept. 24, 1947. Schizophrenia					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year 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 May 31, 1958 to May 31, 1958 and last saw her/him alive on May 31, 1958		Death occurred at 9:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H F Mundy M.D.</i>		22b. ADDRESS <i>St. Joseph, Mo.</i>		22c. DATE SIGNED <i>May 31-1958.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Maple Grove		23d. LOCATION (City, town, or county) (State) Lawrence Kansas
24. FUNERAL DIRECTOR <i>Beatrice Gray</i>		ADDRESS 812 Pacific St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 1, 1958	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *John T. Miles*

Licensed Embalmer No. *3446*

P. O. Address *Atchison,*

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.