

Health, Welfare, Public Service

FILED MAY 19 1958

3095

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2210

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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> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Independence</b> <b>7005</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>908 South Logan</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>DIANNA</b> Middle <b>LYNN</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>4</b> Day <b>29</b> Year <b>58</b>		
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5. SEX <b>Fe</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>3/4/58</b>	9. AGE (In years last birthday) <b>1</b> MONTHS <b>25</b> DAYS	IF UNDER 1 YEAR Months <b>1</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ralph B. Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Louise Dutzel</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mary Smith, 908 So. Logan, Indep. Mo.</b>
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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) <b>Subdural &amp; Subarachnoid hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>E936D 23</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>hemorrhage</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? <b>YES</b> NO <input 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.) <b>Not known how injury occurred</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <b>4-29-58</b>	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.) <b>Home?</b>	20f. CITY, TOWN, OR LOCATION <b>Independence Jackson mo</b> COUNTY <b>JACKSON</b> STATE <b>MO</b>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Burgh A Queen Corner</b>	22b. ADDRESS <b>1034 Pratt Blvd</b>	22c. DATE SIGNED <b>4-30-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/2/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salem</b>	23d. LOCATION (City, town, or county) (State) <b>Jackson Co. Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Gep. C. Carson &amp; Son's, Indep. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-30-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Hugh H. Owens



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 *George B. Bosson*

Licensed Embalmer No. *7749*

P. O. Address *Independence*

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 self embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.