

Health,
& Welfare
Public
Service

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025791

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 6.02 Registrar's No. 3509

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 (If outside corporate limits, give TOWNSHIP only) 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>3809 EAST 62ND ST.</u>		Length of stay in lb <u>23 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>3809 EAST 62ND STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>DEANE HUBERT SMITH</u>			4. DATE OF DEATH Month Day Year <u>JULY 17 1958</u>			
---	--	--	---	--	--	--

5. SEX <u>MALE</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>JULY 31, 1901</u>	9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. <u>56</u> Months Days Hours Min.	
-----------------------	----------------------------------	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>	11. BIRTHPLACE (City and state or country) <u>INDEPENDENCE, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	---

13a. FATHER'S NAME <u>CHARLES SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>ALBERTA BATES</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLOTTE SMITH</u>
--	---	---

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>498-30-7924</u>	17. INFORMANT <u>BOYCE SMITH-KANSAS CITY, MISSOURI</u> Address <u>625 E. 96TH STREET</u>
--	---	---

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>Death by Hanging</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8974x</u>
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) <u>Arteriosclerosis Heart Disease</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	--	--	---

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hung himself with rope</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>7-17-58</u> p.m.	

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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>JACKSON MO</u>	COUNTY <u>JACKSON</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u>	22b. ADDRESS <u>10 & 4 Prairie Bldg</u>	22c. DATE SIGNED <u>7-18-58</u>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JULY 18, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, KANSAS</u>
---	-----------------------------------	--	--

24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS-KANSAS CITY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-18-58</u>	26. REGISTRAR'S SIGNATURE <u>new Marshall</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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

72

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 *Marvin O. Preston*

Licensed Embalmer No. *5040*

P. O. Address *Kansas City, 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.