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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025794
STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 381

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gen'l Hosp. #1 — Length of stay in 1b: 35 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2416 Holmes — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Hazel Middle: MINNIE Last: Smith

4. DATE OF DEATH: Month 7 Day 8 Year 1958

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 12-17-1894 **9. AGE** (In years last birthday): 63 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**: Home **11. BIRTHPLACE** (City and state or country): Newport, Nebraska **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: William Henry Cormany **13b. MOTHER'S MAIDEN NAME**: Ivy MacWood **14. NAME OF HUSBAND OR WIFE**: Lloyd Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No. (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: 487-16-8995 **17. INFORMANT**: Cletus Bliley **Address**: 439 North Belmont K.C. Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular accident
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: 331 h
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 [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
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 June 18, 1958, to July 8, 1958 and last saw her/him alive on July 8, 1958
Death occurred at 11:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. I. Burns (Degree or title) M.D. **22b. ADDRESS**: 24th & Cherry **22c. DATE SIGNED**: 7-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 7-10-1958 **23c. NAME OF CEMETERY OR CREMATORY**: Forest Hill Cemetery **23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Weilert Funeral Homes **ADDRESS**: K.C. Mo. **25. DATE RECD. BY LOCAL REG.**: 7-10-58 **26. REGISTRAR'S SIGNATURE**: Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

B. I. Burns

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 B. E. Weilert

Licensed Embalmer No. 4075

P. O. Address KC 8, 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.