

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029264

STATE FILE NUMBER

3882

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3882

FILED AUG 27 1958

S. 300
r. 1-57

1. PLACE OF DEATH
a. COUNTY Jackson

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) Inside Limits
OR TOWN Kansas City Yes No

c. CITY OR TOWN Kansas City Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
HOSPITAL OR INSTITUTION Gen'l Hosp. #1 29 YEARS

d. STREET ADDRESS (If outside, give location) Reside on Farm
8510 E. 67 Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Henry CARRY Smead 8 9 1958

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH APRIL 7 1874 9. AGE (In years last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED YEAR'S SAND BLASTER - PANI-WORLD AIRLINES FORT WAYNE, INDIANA U.S.A.

13a. FATHER'S NAME HENRY SMEAD 13b. MOTHER'S MAIDEN NAME SADIE HICK'S 14. NAME OF HUSBAND OR WIFE MRS. ADDIE SMEAD

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. 496-09-2106 17. INFORMANT Mrs. ORLEETA SMEAD Address 8510 EAST 67TH STREET KANSAS CITY MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pending further investigation

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) _____ 19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a.m. p.m. _____

20d. INJURY OCCURRED WHILE AT 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 AUG. 7, 1958 to AUG. 9, 1958 and last saw him alive on AUG. 9, 1958
Death occurred at 9:57 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. I. Burns, M.D. 22b. ADDRESS 21th & Cherry 22c. DATE SIGNED 8-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE AUG-12-1958 23c. NAME OF CEMETERY OR CREMATORY FREEMAN CEMETERY 23d. LOCATION (City, town, or county) (State) - FREEMAN MISSOURI

24. FUNERAL DIRECTOR ADDRESS DW. NEWCOMER'S SONS 1391 BRUSH CREEK KANSAS CITY, MO 25. DATE RECD. BY LOCAL REG. 8-12-58 26. REGISTRAR'S SIGNATURE Reva Marshall

Secretary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Chester K. Brown

Licensed Embalmer No. 4931
P. O. Address X 0 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.