

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039280  
STATE FILE NUMBER

FILED NOV 26 1958 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <b>CLAY</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>Liberty</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Odd Fellows Hosp.</b>		Length of stay in 1b <b>4 months</b>	d. STREET ADDRESS (If outside, give location) <b>700<sup>5</sup> 10004 E. 36<sup>th</sup></b>
3. NAME OF DECEASED (Type or print) First <b>Georgia</b> Middle <b>I.</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>NOV.</b> Day <b>11</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>CAUC.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	9. AGE (In years last birthday) <b>65</b>
11. BIRTHPLACE (City and state or country) <b>Wyandona, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William HAUPTMANN</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZA JANE BOLEY</b>	14. NAME OF HUSBAND OR WIFE <b>Lee C. Smith</b>
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 <b>MR. Lee C. Smith</b> Address <b>10004 E 36</b>
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>Pneumonia - (primary?)</b>			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.) <b>1992</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <b>July 1958</b> to _____ and last saw her alive on <b>Nov 11-58</b> Death occurred at <b>11:11 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. J. Goodson M.D.</b> (Degree or title)		22b. ADDRESS <b>Liberty Mo</b>	22c. DATE SIGNED <b>11/10/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wyandona Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wyandona, Missouri</b>
24. FUNERAL DIRECTOR <b>Muehlebach</b> ADDRESS <b>6800 Troost K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-14-58</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

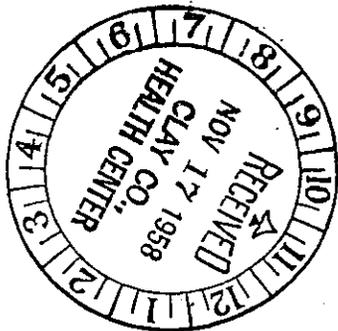
All diseases in Part I must be causally related.

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OCT 28 1959

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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 *Q. E. Nichols* .....

Licensed Embalmer No. *4997*  
P. O. Address *V. C. ...*

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.

DEC 11 1958