

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040370

STATE FILE NUMBER

FILED DEC 11 1958 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 37

300 /
-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) OR TOWN Kansas City 34		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City 34⁷⁰⁰⁰0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11212 Manchester		Length of stay in lb 4 yrs	d. STREET ADDRESS (If outside, give location) 11212 Manchester
3. NAME OF DECEASED (Type or print) First Middle Last Dennis Michael Smith			4. DATE OF DEATH Month Day Year 12 4 58
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 10, 1948
9. AGE (In years last birthday) 10		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) Student		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and state or country) Cedar Rapids, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter J. Smith	
13b. MOTHER'S MAIDEN NAME Mary Ann Kennedy		14. NAME OF HUSBAND OR WIFE -- --	
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. None	17. INFORMANT Address W.J. Smith, 11212 Manchester, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Stem Glioma			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"/> 2
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 1954 , to 1958 and last saw her alive on 12-2-58 Death occurred at 12-4-58 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. L. Ketterman M.D. 0		22b. ADDRESS 112th & 71 Hwy, Kansas City 34, Mo.	22c. DATE SIGNED 12-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-6-58	23c. NAME OF CEMETERY OR CREMATORY Cedar Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Cedar Rapids, Iowa
24. FUNERAL DIRECTOR ADDRESS E. K. George & Sons Inc		25. DATE RECD. BY LOCAL REG. OFF. REGISTRAR'S SIGNATURE 12-4-58 <i>Derling Board</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Stirling E. Goddard*

Licensed Embalmer No. *4911*

P. O. Address *Genesee*

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.