

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005893

STATE FILE NUMBER 439

FILED FEB 17 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Amsterdam		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research D.O.A		Length of stay in lb 1 Mo		d. STREET ADDRESS XX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle S. Last SMITH				4. DATE OF DEATH Month 1 Day 22 Year 59			
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 13, 1879		9. AGE (In years last birthday) 79 IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Greene County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newton J. Smith			13b. MOTHER'S MAIDEN NAME Mary Ellen Reed			14. NAME OF HUSBAND OR WIFE Jennie Smith	
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. Unknown		17. INFORMANT Address David Smith, Springfield, 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) Mitral regurgitation						INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic myocarditis; cardiac edema.							
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 October, 1957 to Jan. 23, 1959 and last saw XX him alive on Dec. 24, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James W. Graham (Degree or title)				22b. ADDRESS M. D. 518 Argyle Bldg. K C 6 Mo		22c. DATE SIGNED 1/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/22-59	23c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery		23d. LOCATION (City, town, or county) (State) Amoret, Mo.		
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K C Mo.			25. DATE RECD. BY LOCAL REG. 1-23-59		26. REGISTRAR'S SIGNATURE Neva Marshall		

(Licensed Embalmer's Statement on Reverse Side)

James W. Graham USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57

1:30

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 *Alvin B. Haenschel*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.