

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006021

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 53

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| 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 Lee's Summit | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lee's Summit ⁷⁶⁰¹ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 S. Market | | Length of stay in lb 30 yrs. | d. STREET ADDRESS (If outside, give location) 206 S. Market |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Percy Middle Lee Last Smith | | | 4. DATE OF DEATH Month Feb. Day 16 Year 1959 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 25, 1881 | 9. AGE (In years at birth) 77 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 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) Vernon County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John L. Harbin | 13b. MOTHER'S MAIDEN NAME Lizzie Allen Cary | 14. NAME OF HUSBAND OR WIFE Mark H. Smith (Dec.) |
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| 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. 493-26-4486 | 17. INFORMANT Willis Smith, Lee's Summit, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular. Renal disease | | INTERVAL BETWEEN ONSET AND DEATH 2 yr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Arthritis for 10 yrs | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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.) |
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| 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 Lee's Summit, Mo. | COUNTY | STATE |
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| 21. I attended the deceased from July 1946 to 3-16-59 and last saw her alive on 2-16-59 Death occurred at 2-16-59 12:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Clint Miller M.D. | 22b. ADDRESS Lee's Summit, Mo. | 22c. DATE SIGNED 2/16/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 19, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery | 23d. LOCATION (City, town, or county) Lee's Summit, Missouri |
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| 24. FUNERAL DIRECTOR Langsford Funeral Home | ADDRESS Lee's Summit, Missouri | 25. DATE RECD. BY LOCAL REG. 2-18-1959 | 26. REGISTRAR'S SIGNATURE D. B. Langsford |
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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 *D. B. Longford Jr.*
Licensed Embalmer No. *4962*
P. O. Address *.....*

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.