Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008517
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 304

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital#2 — Length of stay in lb 17 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 3248 c — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1232 No. Askew — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARTHA Middle ELLEN Last SMITH

4. DATE OF DEATH Month Day Year March 15, 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept. 6, 1890
9. AGE (In years last birthday) 68 — 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) Factory worker
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (City and state or country) Princeton, Missouri c
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME B.F. Smith
13b. MOTHER'S MAIDEN NAME Mahalia Wright
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Alma Harden, Parkville, Mo. and Records, State Hospital#2 Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchopneumonia
DUE TO (c) Arteriosclerotic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 March 6, 1959, to March 15, 1959 and last saw her/him alive on March 15, 1959
Death occurred at 2:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R P Price MD c
22b. ADDRESS State Hosp't St Joseph
22c. DATE SIGNED 3-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/15/59
23c. NAME OF CEMETERY OR CREMATORY Independence, Mo
23d. LOCATION (City, town, or county) (State) Independence, Mo

24. FUNERAL DIRECTOR Geo Carson & Sons Indep Mo — ADDRESS
25. DATE RECD. BY LOCAL REG. Mar. 26, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Dr. R.P. Price

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Floyd C. Carson

Licensed Embalmer No. 7199

P. O. Address Indep. 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.