

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009664

STATE FILE NUMBER

1346

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED MAR 26 1959

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (Last, first, initial) HOSPITAL OR INSTITUTION <i>City Hospital Home</i>		Length of stay in 1b <i>11 years</i>	d. STREET ADDRESS (If outside, give location) <i>2628 E 9th</i>

3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Vincent</i> Last <i>Smith</i>			4. DATE OF DEATH Month <i>Mar</i> Day <i>11</i> Year <i>1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 11, 1878</i>		9. AGE (In years last birthday) <i>80</i>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired Pressman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Printing</i>	11. BIRTHPLACE (City and state or country) <i>Pennsylvania</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Lewis Smith</i>	13b. MOTHER'S MAIDEN NAME <i>Anna E. Warrick</i>	14. NAME OF HUSBAND OR WIFE <i>Estelle Smith</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>E. J. Smith, 5632 Leman</i>	Address <i>Missouri Kansas</i>
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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) <i>Hypostatic Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Myocardial Infarction</i>	
	DUE TO (c) <i>Atherosclerosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Smoking</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <i>11:45 P.</i> Month, Day, Year	

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 <i>Atchison, Kansas</i>	COUNTY <i>Atchison</i>	STATE <i>Kansas</i>
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21. I attended the deceased from *3-8-59* to *3-11-59* and last saw ^{him} alive on *3-11-59*
Death occurred at *11:45 P.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harold W. Bain</i>	(Degree or title)	22b. ADDRESS <i>4150 Lombard Blvd Kansas City, Kansas</i>	22c. DATE SIGNED <i>3-12-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3/12/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	23d. LOCATION (City, town, or county) (State) <i>Atchison, Kansas</i>
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24. FUNERAL DIRECTOR <i>Haroff-Buis, Atchison, Kansas</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>3-13-59</i>	26. REGISTRAR'S SIGNATURE <i>Elva Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Harold W. Bain

Dr. C.

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 *John W. Sidman*

Licensed Embalmer No. *753*

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.