Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016871
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 564

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): Osteopathic Hospital — Length of stay in Hospital: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Doniphan
c. CITY OR TOWN: Troy — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 5 Miles N.W. of Troy — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Barry Middle: Joe Last: Smith

4. DATE OF DEATH: Month: May Day: 27 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: May 26 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: Days: 1 — IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Joseph Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Virgil Smith

13b. MOTHER'S MAIDEN NAME: Olive Bruns

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Virgil Smith Address: Troy Kansas

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): Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): R.H. Factor
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7700

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 26-59, to May 27-59 and last saw him alive on May 26-59
Death occurred at May 28-59 6 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dick J. Blair D.O.

22b. ADDRESS: Troy Kansas

22c. DATE SIGNED: 5/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5/27/59

23c. NAME OF CEMETERY OR CREMATORY: Fanning Cemetery

23d. LOCATION (City, town, or county) (State): Troy Kansas

24. FUNERAL DIRECTOR ADDRESS: Vernon B. Tillotts Troy Kansas
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: May 28, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Arch J. Blair

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 Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address Wathena, Ks

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.