

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017953

STATE FILE NUMBER

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2188

300
1-57

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 Kansas City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital	Length of stay in lb 19 yrs.	d. STREET ADDRESS 1525 Lister (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Howard Middle C. Last Smith	4. DATE OF DEATH Month 4 Day 30 Year 59
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1897	9. AGE (In years last birthday) 62	10. FUNDER 1 YEAR Months 4 Days 30	11. IF UNDER 24 HRS. Hours 59 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerical Terminal Transportation Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Watertown, N. Y.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Wm. W. Smith	13b. MOTHER'S MAIDEN NAME Mildred Carpenter	14. NAME OF HUSBAND OR WIFE Verna N. Smith
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W. W. I	16. SOCIAL SECURITY NO. 510-01-1026	17. INFORMANT Verna N. Smith	Address 1525 Lister
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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) Myocardial infarction due to Arteriosclerotic		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Heart Disease		
DUE TO (c) _____		
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 <input type="checkbox"/> NO <input 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.)
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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 COUNTY _____ STATE _____
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21. I attended the deceased from 4-29-59 to 4-30-59 and last saw ^{her} him alive on 4-30-59 Death occurred at 11:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Abraham Gelperin</i> (Degree or title) D	22b. ADDRESS Gen. Hosp. # 1	22c. DATE SIGNED 5-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-2-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	23d. LOCATION (City, town, or county) (State) Independence, Kans.
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24. FUNERAL DIRECTOR Barp & Sons	ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 5-1-59	26. REGISTRAR'S SIGNATURE <i>Alva Marshall</i>
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All diseases in Part I must be causally related.

Abraham Gelperin M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

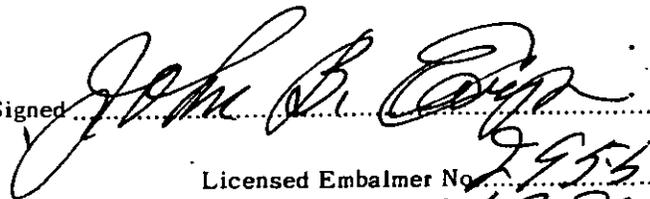
MEDICAL CERTIFICATION



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 
Licensed Embalmer No. 2955-
P. O. Address 19 C. 9th

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.