

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021699

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 6002 STATE FILE NUMBER Registrar's No. 3185

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2926 Norton		d. STREET ADDRESS (If outside, give location) 2926 Norton	
3. NAME OF DECEASED (Type or print) First Audie Middle F. Last Smith		4. DATE OF DEATH Month June Day 28 Year 1959	
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 Dec. 17, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Checker		10b. KIND OF BUSINESS OR INDUSTRY General Mills	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and state or country) Bethpage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ernest R. Smith		13b. MOTHER'S MAIDEN NAME Zola Mae Chase	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		14. NAME OF HUSBAND OR WIFE Eunice Smith	
16. SOCIAL SECURITY NO. 487-18-7297		17. INFORMANT Eunice Smith Address 2926 Norton Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial failure			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple myocardial infarctions			1 year
DUE TO (c) Arteriosclerotic heart disease			unknown
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 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.) ITEM 21 CORRECTED	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		BY AFFIDAVIT OF Physician 7-23-59	
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	
21. I attended the deceased from March 1958 to June 27, 1959 and last saw him alive on June 22, 1958 . Death occurred at about 4 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Verner J. Ames (Degree or title)		22b. ADDRESS 926 E. 11th St.	
22c. DATE SIGNED 6-29-59			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		June 30, 1959	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K. C., Mo.		25. DATE RECD. BY LOCAL REG. 6-29-59	
26. REGISTRAR'S SIGNATURE Verna Marshall			

Verner J. Ames 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 *James W. Papp*
Licensed Embalmer No. *4622*
P. O. Address *N. C. 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.