

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025437

FILED VS. AUG. 14 1959 149

Primary Registration District No. 1002 Registrar's No. 3679

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>			Length of stay in 1b <u>27 years</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>357 Gladstone Blvd.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Nancy</u> Middle <u>L.</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1959</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-25-1899</u>		9. AGE (last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (City and state or country) <u>Lynn Co. Empire Kansas U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Nancy E. Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Mattie Finley</u>				14. NAME OF HUSBAND OR WIFE <u>Mona Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>				16. SOCIAL SECURITY NO. <u>509-07-8706A</u>		17. INFORMANT <u>Mona Smith</u>		Address <u>357 Gladstone Blvd.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Staphylococcal Pneumonia</u>								<u>3 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Debilitation</u>								<u>2 weeks</u>			
DUE TO (c) <u>Glioblastoma multiforme</u>								<u>unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)							
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year									
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 <u>July 15, 1959</u> to <u>July 28, 1959</u> and last saw ^{her} him alive on <u>July 27, 1959</u> Death occurred at <u>1:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Clara James MD</u>						22b. ADDRESS <u>9260 E. 114th St. K.C. Mo.</u>			22c. DATE SIGNED <u>7-29-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 30, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>		23d. LOCATION (City, town, or county) <u>Pittsburg Kansas</u>		(State)			
24. FUNERAL DIRECTOR <u>Hilbert Funeral Home 23159 Greenwood</u>				25. DATE RECD. BY LOCAL REG. <u>7-29-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Clara J. Ames

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas E. Wilks

Licensed Embalmer No. 2644
P. O. Address Hemo

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.