DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59–029322
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4119

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 38 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Liberty Nursing Home 2839 Locust
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2615 Liston
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: W. Last: Smith

4. DATE OF DEATH: Month: August Day: 21 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: Jan 2 1888

9. AGE (last birthday): 71

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (City and state or country): Moberly, Mo

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

13a. FATHER'S NAME: George Smith

13b. MOTHER'S MAIDEN NAME: Mary Leadam

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): X

16. SOCIAL SECURITY NO.: 495-05-1846A

17. INFORMANT: Mrs Georgia Welch
Address: 1501 Yale Houston Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C Kealhofer Jr M.D. Coroner

22b. ADDRESS: 6627 Prospect K.C. Mo

22c. DATE SIGNED: 8-24-59

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

23b. DATE: Aug 25 1959

23c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

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

24. FUNERAL DIRECTOR: Wilkerson Funeral Home

ADDRESS: 2315 Linwood

25. DATE RECD. BY LOCAL REG.: 8-24-59

26. REGISTRAR'S SIGNATURE: Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Geo C. Kealhofer

MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas E. Wright

Signature of Student Embalmer

Licensed Embalmer No. 264

P. O. Address Kemo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.