

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032579

FILED VS SEP 23 1959

STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 4237

| | | | |
|--|---|---|--|
| 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) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>—</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>1809 Kansas (Home)</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1809 Kansas</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Smallwood</u> Last <u>Smallwood</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>27</u> Year <u>1959</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</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>July 12 1879</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 9. AGE (last birthday) <u>80</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Alabama</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>Dont Know</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dont Know</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Marie Smallwood</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>486-26-2334</u> | | 17. INFORMANT <u>Marie Smallwood 1809 Kansas</u> Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myital Inefficiency</u> DUE TO (b) <u>And Small Elements</u> DUE TO (c) <u>7/6/59</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>7/6/59</u> <u>to 8/27/59</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 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.) | |
| 20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u> | 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.) <u>K. C. Mo Jackson, MO</u> | 20f. CITY, TOWN, OR LOCATION COUNTY <u>—</u> STATE <u>—</u> |
| 21. I attended the deceased from <u>7/6/59</u> to <u>8/27/59</u> and last saw him alive on <u>8/27/59</u> . Death occurred at <u>3:55 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Henry B. Lyons M.D.</u> | | 22b. ADDRESS <u>1605 East 18th St</u> | 22c. DATE SIGNED <u>8/29/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>August 31 59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>I. e. Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Marjorie Williams 1729 Lydia</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-31-59</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u> |

DOCUMENT

MEDICAL CERTIFICATION
Henry B. Lyons
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Raymond Wilkin

Licensed Embalmer No. 4653

P. O. Address J. C. Ma

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.