

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032581

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4595

STATE FILE NUMBER

DED

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		Length of stay in 1b 3 Day's	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 713 South Willis
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CARRIE Middle L. Last SMITH			4. DATE OF DEATH Month September Day 19, Year 1959			
5. SEX Female	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 July 20, 85	9. AGE (last birthday) 74	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Terre Haute, Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Lyons		13b. MOTHER'S MAIDEN NAME Eliza Unknown		14. NAME OF HUSBAND OR WIFE Edward G. Smith		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Edward G. Smith, 713 S. Willis, Indep. Mo. Address			
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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) Anoxemia			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Medullary paralysis			Minutes
DUE TO (c) Cerebral vascular accident			24 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis and Inanition		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	
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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 Month, Day, Year 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

21. I attended the deceased from **Sept. 18, 1959** to **Sept. 19, 1959** and last saw her **live** on **9-19-59**
Death occurred at **9-19-59 10:10 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Milton S Steinberg M.D.		22b. ADDRESS 926 E. 11th St., K.C., Mo.		22c. DATE SIGNED 9-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 21, 59	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri	
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24. FUNERAL DIRECTOR Geo. C. Carson & Son's, Indep. Mo.		25. DATE RECD. BY LOCAL REG. 9-21-59	26. REGISTRAR'S SIGNATURE Deva Marshall	
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DOCUMENT

BY AFFIDAVIT OF **Milton S. Steinberg** 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
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond E. Stone
Licensed Embalmer No. 4266
Raymond E. Stone

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.