

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036418

FILED VS NOV 10 1959

149

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

5110

STATE FILE NUMBER

ENDED

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 days		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4414 East 51st. St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carla Middle Mae Last Smith				4. DATE OF DEATH Month 10 Day 22 Year 59			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-19-1959	9. AGE (last birthday) 3	IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Carl L. Smith			13b. MOTHER'S MAIDEN NAME PAULINE E. PINIECKE			14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE			16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address CARL L. SMITH 4414 E. 51st STREET			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interstitial Pnuemonitis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 _____ a.m. _____ p.m.		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 10-19-1959 to 10-22-1959 and last saw her ^{her} xxx alive on 10-22-1959 Death occurred at 12:45 ^a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Abraham Gelpin M.d.				22b. ADDRESS 2400 Cherry- Kansas City, Mo		22c. DATE SIGNED 10-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 24, 1959	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM		23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)	
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 10-23-59	26. REGISTRAR'S SIGNATURE Neva Minshel		

DOCUMENT

BY AFFIDAVIT OF Abraham Gelpin M.D. 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

Edward M. St...

Licensed Embalmer No.

4452

P. O. Address

K. C. 10

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.