

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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UNRECORDED
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DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 23 1959

59-040385

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5380

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Platte												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 Day		c. CITY OR TOWN Parkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
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)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First MARY Middle ETTA Last SMOOT			4. DATE OF DEATH Month November Day 7, Year 1959													
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-9-1875	9. AGE (last birthday) 84	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) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Memphis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.									
13a. FATHER'S NAME William Perry Browning			13b. MOTHER'S MAIDEN NAME Sarah Esther Harrington			14. NAME OF HUSBAND OR WIFE Edward M. Smoot										
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 Dr. Esther Smoot, Parkville, Mo.			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) Hypostatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 2 hours									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malnutrition + Inanition,							weeks									
DUE TO (c) Generalized Arteriosclerosis - Multiple strokes							months									
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 checked="" 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 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 Aug. 20, 1959 to Nov 7 1959 and last saw her ^{him} alive on Nov 7 1959 Death occurred at 11:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title) <i>Verner J. Ames</i>					22b. ADDRESS 826 E. 11th St.			22c. DATE SIGNED 11-9-59								
23a. BURIAL, CREMATION REMOVAL (Specify) Removal		23b. DATE 11-9-1959	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery			23d. LOCATION (City, town, or county) Laverne, Oklahoma			(State)							
24. FUNERAL DIRECTOR FREEMAN MORTUARY, Kansas City, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 11-9-59		26. REGISTRAR'S SIGNATURE <i>Nora Minshall</i>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Verner J. Ames

8:30-11:30
MONDAY A.M.

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 Clayton K Barnes

Licensed Embalmer No. 4793
P. O. Address K. E. Mo.

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.