

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015645

FILED VS. APR 25 1960

1946

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 8 yrs		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) 309 Archibald St.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First RICHARD Middle Lee Last SMITH.				4. DATE OF DEATH Month 4 Day 5 Year 60					
5. SEX male	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 2-17-23	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) purchasing agent			10b. KIND OF BUSINESS OR INDUSTRY Geigher Tile Co		11. BIRTHPLACE (City and state or country) Canton Ill.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Homer B. Smith			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Betty H. Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW. 2-11-42 till 12-29-45			16. SOCIAL SECURITY NO. 380 16 1873		17. INFORMANT Address Betty L. Smith, 309 Archibald KC Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Broncho pneumonia									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) acute pancreatitis									
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 _____ 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 3-30-60 to 4-5-60 and last saw her/him alive on 4-5-60 Death occurred at 4:10A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. Dwyer (Degree or title) M.D.				22b. ADDRESS 2400 Cherry			22c. DATE SIGNED 4-5-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4-5-60	23c. NAME OF CEMETERY OR CREMATORY Nat. Cem. Ft. Leavenworth Ks.		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth Kansas				
24. FUNERAL DIRECTOR WARNICK EADS. KANSAS CITY KANSAS.			25. DATE RECD. BY LOCAL REG. 4-5-60		26. REGISTRAR'S SIGNATURE Wesley Minshall				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. Dwyer

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 John W. Haldenberger

Licensed Embalmer No. 5058

P. O. Address Kansas City

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