

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-027143

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3836 STATE FILE NUMBER

INDEXED

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 65Yrs 5Mos	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 V. A. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3811 Flora AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM DANIEL SMITH			4. DATE OF DEATH Month Day Year JULY 21 1960			
5. SEX MALE	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 2-22-95	9. AGE (last birthday) 65 YRS	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STONESSETTER & BRICKLAYER		10b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT BUILDINGS IN WASHINGTON		11. BIRTHPLACE (City and state or country) SEDALIA, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME J. WILLIAM SMITH		13b. MOTHER'S MAIDEN NAME E. SARAH JOYCE		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 495-07-7044		17. INFORMANT IDRIS SMITH, SISTER, K. C. MO Address V.A. HOSPITAL RECORDS, K. C. MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Bacterial meningitis, advanced**

DO NOT WRITE IN THESE SPACES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Post-operative status, drainage of subdural hygroma**

DUE TO (c) **Fracture of skull in right parietal and occipital area**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Robbed + struck on head by	
20c. TIME OF INJURY Hour a.m. p.m. 7:40 Month, Day, Year 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION Kans City	COUNTY Jackson	STATE MO
21. I attended the deceased from July 6, 1960 , to July 21, 1960 . Death occurred at 2:15PM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Paul H. Owens		22b. ADDRESS 1145 1/2 Union Station		22c. DATE SIGNED 7-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 25, 1960	23c. NAME OF CEMETERY OF DEPARTY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 7-25-60	26. REGISTRAR'S SIGNATURE neva minishall		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Paul H. Owens

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Chester K. Bishop

Licensed Embalmer No. 478

P. O. Address EP A

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