

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030802

FILED VS. AUG 22 1960

149

Primary Registration District No. 1002 Registrar's No.

3913

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>"unknown"</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1115 East 9th. St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>F.</b> Last <b>SMOTHERMAN</b>		4. DATE OF DEATH Month <b>7</b> Day <b>25</b> Year <b>60</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7-20-00</b>
9. AGE (last birthday) <b>60</b>		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) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>"unknown"</b>	11. BIRTHPLACE (City and state or country) <b>"unknown"</b>
12. CITIZEN OF WHAT COUNTRY <b>"unknown"</b>		13a. FATHER'S NAME <b>James Smotherman Sr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Judith "unknown"</b>		14. NAME OF HUSBAND OR WIFE <b>"unknown"</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no "unknown"</b>		16. SOCIAL SECURITY NO. <b>494-12-7553</b>	17. INFORMANT Address <b>Records:K.C.,Mo.General Hospital</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Basilar Artery Thrombosis</b> DUE TO (b) <b>Probable Cerebral Hemorrhage</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ 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 <b>7-24-60</b> to <b>7-25-60</b> and last saw her/him alive on <b>7-25-60</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. L. Dwyer M.D.</b> (Degree or title)		22b. ADDRESS <b>2400 Cherry - K.C., Mo.</b>	22c. DATE SIGNED <b>7-29-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Anatomical-Removal 7-29-60</b>		<b>University of Missouri Columbia, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Weilert's:2332 Monitor Place,K.C.,Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-29-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

DOCUMENT

BY AFFIDAVIT OF H. L. Dwyer M.D.

**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 B. E. Weirick

Licensed Embalmer No. 407

P. O. Address N.C. 8

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.