

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 LED VS OCT 17 1960

-60-038846

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Johnson		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 Washinton	Length of stay in 1b 1 day	c. CITY OR TOWN Raytown	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AFB Service Club		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 Myrtle Middle Della Last Smith			4. DATE OF DEATH Month Oct Day 8 Year 1960		
5. SEX F	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 8 Sep 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Warsaw, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Thomas Bailey		13b. MOTHER'S MAIDEN NAME Agnes (Unknown)		14. NAME OF HUSBAND OR WIFE Husband Leroy G Smith	
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. Unknown	17. INFORMANT Address 6112A Arlington Raytown 33 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) Probable massive myocardial infarction		Instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary thrombosis	
	DUE TO (c) Arteriosclerotic heart disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Deceased engaged in violent exercise at time of death		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 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	
viewed	2115, 8 Oct 60	2115, 8 Oct 60	Not observed		
21. I viewed the deceased from 2115 hrs to 2115, 8 Oct 60 and last saw her live on Not observed Death occurred at 2115 hrs m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Daniel J Sprue (Print name or title) DANIEL J SPRUE CAPT USAF MC			22b. ADDRESS USAF Hospital Whiteman AFB Missouri		22c. DATE SIGNED 8 Oct 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-9-60	23c. NAME OF CEMETERY OR CREMATORY Fegert Funeral Home	23d. LOCATION (City, town, or county) Raytown, Missouri	(State)	
24. FUNERAL DIRECTOR Sweeney-Phillips-Warrensburg, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 9-1960	26. REGISTRAR'S SIGNATURE Erma S Beatty	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 T 130

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

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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