

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042287

FILED VS. NOV 23 1960/49

5568

STATE FILE NUMBER

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE KANSAS		b. COUNTY JOHNSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Length of stay in lb. 2 WEEKS		c. CITY OR TOWN OVERLAND PARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 10011 WOODSON DRIVE		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)				4. DATE OF DEATH			
First ROBERT		Middle M.		Last SMITH		Month Day Year NOVEMBER 3 1960	
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 JUNE 30, 1927	9. AGE (last birthday) 33	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) SENIOR STAFF MEMBER		10b. KIND OF BUSINESS OR INDUSTRY SPENCER CHEMICAL COMPANY		11. BIRTHPLACE (City and state or country) BOSTON, MASSACHUSETTS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME DR. MILES W. SMITH			13b. MOTHER'S MAIDEN NAME ELIZABETH ARNOLD			14. NAME OF husband WIFE SHIRLEY SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II		16. SOCIAL SECURITY NO. 167-20-3243		17. INFORMANT MRS. SHIRLEY SMITH OVERLAND PARK, KANSAS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignant Neuroepithelioma, left adrenal.</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>1 year.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Mon.</i>						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 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 <i>11-13-57</i> to <i>11-3-60</i> and last saw her/him alive on <i>11-3-60</i> Death occurred at <i>8:46 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Leslie Thompson M.D.</i>				22b. ADDRESS <i>4111 K.H. Nichols Road K.C. Mo.</i>		22c. DATE SIGNED <i>11-3-60</i>	
223a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 5, 1960		23c. NAME OF CEMETERY OR CREMATOR JOHNSON COUNTY MEM. GARDENS		23d. LOCATION (City, town, or county) (State) JOHNSON COUNTY KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-4-60		26. REGISTRAR'S SIGNATURE <i>H.L. Dwyer</i>	

DOCUMENT

BY AFFIDAVIT OF Leslie Thompson MEDICAL CERTIFICATION

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 Chester K. Brown

Licensed Embalmer No. 49

P. O. Address 49

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.