

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001648

FILED VS JAN 24 1961

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 82

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 12 YRS.	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1317 TROOST (STREET)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1930 MEASINGTON

3. NAME OF DECEASED (Type or print) First EDDIE Middle HERMAN Last SMITH			4. DATE OF DEATH Month 1 Day 4 Year 1961	
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-15-1945	9. AGE (last birthday) 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and state or country) HOT SPRING, ARK	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME EDDIE SMITH, SR.	13b. MOTHER'S MAIDEN NAME LORRAIN WILLIAMS	14. NAME OF HUSBAND OR WIFE NONE	

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. -	17. INFORMANT LORRAIN WILLIAMS, K.C., MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Traumatic cerebral Hemorrhage	
	DUE TO (c) Penetrating Gunshot Wound of Skull	
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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Resisting Police Officer.
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20c. TIME OF INJURY Hour 2:45 a.m. Month, Day, Year 1/4/61	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.) 1317 Troost	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, MO
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21. I attended the deceased from _____, to _____ and last saw her/him live on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Deputy coroner [Signature]	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 1/4/61
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-7-1961	23c. NAME OF CEMETERY OR CREMATORY LINCOLN
24. FUNERAL DIRECTOR BROWN-HUOSON, K.C., MO.		25. DATE RECD. BY LOCAL REG. 1-6-61

26. REGISTRAR'S SIGNATURE Ruth Long	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Millard B. Pasko

Licensed Embalmer No. 5013

P. O. Address K.C. MO

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.