

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009143

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1065 STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Woodson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		c. CITY OR TOWN <u>Gates Center</u>	
Length of stay in lb <u>2 months</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mrs Irma Alma Smith</u>			4. DATE OF DEATH Month Day Year <u>2-28-1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-7-1904</u>	9. AGE (last birthday) <u>56</u>	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 tired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gates Center Public School</u>		11. BIRTHPLACE (City and state or country) <u>Gates Center Kans</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>F. W. Schoede</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Schultz</u>	
14. NAME OF HUSBAND OR WIFE <u>Tom Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Tom Smith</u>		Address <u>RR1 Gates Center Kans</u>			

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) <u>Squamous Cell Carcinoma of Upper Esophagus</u>				<u>7 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				
DUE TO (b) <u>Metastasis to Neck and Pharynx</u>			<u>"</u>	
DUE TO (c) <u>Myocardial Failure</u>			<u>2 days</u>	
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 checked="" type="checkbox"/> N. <input type="checkbox"/> 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 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 Aug 2 - 61 date to date and last saw her/him alive on 2/28/61
Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John S Knight</u> (Degree title) <u>M.D.</u>	22b. ADDRESS <u>305 West 43rd Kansas City Mo</u>	22c. DATE SIGNED <u>2/28/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gates Center</u>
23d. LOCATION (City, town, or county) <u>Gates Center</u>	23e. STATE <u>Kansas</u>	
24. FUNERAL DIRECTOR <u>Wornall Funeral Home, Inc</u>	25. DATE RECD. BY LOCAL REG. <u>2-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF John S. Knight MEDICAL CERTIFICATION

1961
SEP 8

JUL 13 1962

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

Russell N. Fran

Licensed Embalmer No.

4255

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.