

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013994

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1587 STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 14 yrs

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPT Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) 2317 Brooklyn Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR SMITH

4. DATE OF DEATH Month Day Year March 25, 1961

5. SEX Male 6. COLOR OR RACE NEgro 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 9. AGE (last birthday) 9-26-1913 47 yrs

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) Janitor 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Eudora, Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Richard Smith 13b. MOTHER'S MAIDEN NAME Minnie Rayton 14. NAME OF HUSBAND OR WIFE Jessie 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. 17. INFORMANT Address Lover Chapman 2407 E 22nd St 1st Fl W

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hepatic Coma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis

DUE TO (c)

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.  Yes  No  Unknown

INTERVAL BETWEEN ONSET AND DEATH 1 wk. long Standing

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 3/14/61 to 3/14/61 and last saw her alive on March 14, 1961

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary C. Colglazier MD 22b. ADDRESS 3317 E 43rd K.C. Mo. 22c. DATE SIGNED 3-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-4-61 23c. NAME OF CEMETERY OR CREMATORY Highland 23d. LOCATION (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. 18th & Benton Blvd. 25. DATE RECD. BY LOCAL REG. 3-29-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MARY C. COLGLAZIER, M.D. 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James R. Watkins*

Licensed Embalmer No. 7500

P. O. Address 18th & Benton

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.