ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037209

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5237 STATE FILE NUMBER

FILED OCT 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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: 21 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAFAYETTE
c. CITY OR TOWN: LEXINGTON — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 23rd St. Terrace — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: DON Middle: MC COY Last: SMITH
4. DATE OF DEATH: Month October Day 19 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-18-18
9. AGE (last birthday): 43 — 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): Construction worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Miami, Oklahoma
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: J. P. Smith
13b. MOTHER'S MAIDEN NAME: Minnie Davis
14. NAME OF HUSBAND OR WIFE: Edna E. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: VA Hospital Official Records, K.C. Mo Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Purulent bronchitis and bronchopneumonia rt.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Renal insufficiency
DUE TO (c) Chronic glomerulonephritis
INTERVAL BETWEEN ONSET AND DEATH
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

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 VA attended the deceased from September 28, 1961, to October 19, 1961 last saw him alive on
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: S. H. CHOY, M.D. (Degree or title)
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 10-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-22-61
23c. NAME OF CEMETERY OR CREMATORY: Lexington Memory Gardens
23d. LOCATION (City, town, or county) (State): Lexington, Mo
24. FUNERAL DIRECTOR: Vaughn-Walker Funeral Home ADDRESS:
25. DATE RECD. BY LOCAL REG.: 10-19-61
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1961

MAR 27 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 Harold L. Walker

Licensed Embalmer No. 1588

P. O. Address Lexington, 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.