MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023430

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 2899

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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23768
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED JUN 21 1962

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: 62 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Mary's Hospital
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): 4920 Wabash Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle D. Last SMYTHE

4. DATE OF DEATH: Month May Day 29 Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/13/78

9. AGE (last birthday): 83

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): TRAFFIC DEPARTMENT

10b. KIND OF BUSINESS OR INDUSTRY: K. C. SOUTHERN RAILROAD

11. BIRTHPLACE (City and state or country): TIFFIN, OHIO

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: JOHN M. SMYTHE

13b. MOTHER'S MAIDEN NAME: MARGARET E. MILLIKEN

14. NAME OF HUSBAND OR WIFE: EFFIE M. SMYTHE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: EFFIE M. SMYTHE
Address: 4920 WABASH AVE. KANSAS CITY, MO.

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): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONARY INSUFFICENCY — SEVERAL YRS
DUE TO (c): ARTERIOSCLEROSIS

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: KANSAS CITY COUNTY: JACKSON STATE: MO.

21. I attended the deceased from MAY 24, 1962 to May 29 and last saw her him alive on MAY 28, 1962
Death occurred at: 8:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Masucci (Degree or title): Joseph M. Masucci MD.

22b. ADDRESS: 636 Argyle Bldg K.C. Mo.

22c. DATE SIGNED: 5/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 31, 1962

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W.Newcomer's Sons, Kansas City, Mo
ADDRESS: 1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.: 5-31-62

26. REGISTRAR'S SIGNATURE: Ruth W Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Masucci
Argyle Bldg.

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Independence, 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.