

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027336

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3854

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <b>JACKSON</b>   |   | a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |   | c. CITY OR TOWN <b>KANSAS CITY</b>   |   |
| Length of stay in lb <b>2 yrs.</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>100 EAST 36TH STREET COLONIAL NURSING HOME</b>  |   | d. STREET ADDRESS (If outside, give location) <b>1636 ELMWOOD AVENUE</b>   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <b>FANNY SMITH</b>   |   |  | 4. DATE OF DEATH Month Day Year <b>JULY 24 1962</b>   |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>WHITE</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>1/20/78</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>   | 11. BIRTHPLACE (City and state or country) <b>Missouri</b>  |
| 13a. FATHER'S NAME <b>Edward Campbell</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Vichi Brury</b>   | 14. NAME OF HUSBAND OR WIFE <b>Everett G. Smith</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |   | 16. SOCIAL SECURITY NO. <b>none</b>  | 17. INFORMANT <b>PAUL W. SMITH</b> Address <b>1636 ELMWOOD AVE. KANSAS CITY, MO.</b>  |
| 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) <b>Coronary Insufficiency</b>  |   |  | <b>?</b>  |
| DUE TO (b) <b>Generalized Atherosclerosis</b>  |   |  | <b>?</b>  |
| 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. <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 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 <u>on 7/24/62</u> to <u>7/24/62</u> and last saw her alive on <u>7/24/62</u> . Death occurred at <u>2:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE <i>J.W. Young M.D.</i> (Degree or title)  |   | 22b. ADDRESS <u>1401 S.W. Blvd N.C. Ks.</u>  | 22c. DATE SIGNED <u>7/24/62</u> (State)   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>   | 23b. DATE <b>JULY 24, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATOR <b>LA PLATA MISSOURI</b>   | 23d. LOCATION (City, town, or county)   |
| 24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</b> ADDRESS <b>1331 BRUSH CR.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>7-25-62</b>  | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>  |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *J.W. Young*

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1

2 *238*

3

4 *1*

5 *2*

6

7 *0*

8 *2*

9 *4201*

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11

12 *86-0*

13

**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

*Dean W. Huff*

Licensed Embalmer No.

*4914*

P.O. Address

*Indep, 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.