

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047214

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6132

FILED DEC 26 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Eugene Smith MEDICAL CERTIFICATION

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 **3 days**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Luke's Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Kansas** b. COUNTY **Wyandotte**  
c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **2200 W. 42nd Street** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **MRS. VIOLA RUTH SMITH**  
4. DATE OF DEATH Month Day Year **December 4, 1962**

5. SEX **Female** 6. COLOR OR RACE **Caucasian** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **4/22/1896** 9. AGE (last birthday) **66**  
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **McCune, Kansas** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Finias E. Smith** 13b. MOTHER'S MAIDEN NAME **Cora Larcom** 14. NAME OF HUSBAND OR WIFE **Albert R. 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. **[REDACTED]** 17. INFORMANT **Albert R. Smith** Address **2200 W. 42nd Street Kansas City, Kansas**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Carcinomatosis** INTERVAL BETWEEN ONSET AND DEATH **2 mos**  
DUE TO (b) **Metastasis from Carcinoma of Colon** **2 years**  
DUE TO (c) **Carcinoma of Colon** **2 years**  
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 attended the deceased from **May 13, 1962** to **December 9, 1962** and last saw her alive on **Dec 3, 1962**  
Death occurred at **9:00 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Eugene Smith MD** 22b. ADDRESS **411 Nichols Road K.C. Mo. Dec 9, 1962** 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12/5/62** 23c. NAME OF CEMETERY OR CREMATORY **Park Cemetery** 23d. LOCATION (City, town, or county) (State) **Columbus, Kansas**

24. FUNERAL DIRECTOR **D. W. Newcomer's Sons K.C., Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **12-4-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

USE BLACK INK OR TYPEWRITER RIBBON

**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 Louis [Signature]

Licensed Embalmer No. 4096

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.