

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1553**

FILED JAN 17 1957

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 6				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence)		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp.				e. STREET ADDRESS (If rural, give location) 1219 West 26th Street				7000		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) DENNIS			c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 5, 1874		9. AGE (In years last birthday) 82		
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 1 HR. Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road maintenance			10b. KIND OF BUSINESS OR INDUSTRY Hi-Way Dept.			11. BIRTHPLACE (City and State or Foreign Country) Bethany, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Smith			13b. MOTHER'S MAIDEN NAME Adeline Claytor			14. NAME OF HUSBAND OR WIFE Pearl Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Gladys Swisher			ADDRESS St. Joseph, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation Rate of & pattern as only known ANTECEDENT CAUSES Coronary Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General atherosclerosis DUE TO (c) is. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 week 6 mos		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-1-57 to 1-6-57 , 19 57 , that I last saw the deceased alive on 1-6-57 , 19 57 , and that death occurred at 11:45 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE W. Allen M.D. (Degree or title)					23b. ADDRESS Independence, Mo.			23c. DATE SIGNED 1-6-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-57		24c. NAME OF CEMETERY OR CREMATORY Miram Cemetery			24d. LOCATION (City, town, or county) (State) Bethany, Missouri			
DATE REC'D BY LOCAL REG. 1-8-57		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wheeler Funeral Home Bethany, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

354

JAN 15 1957

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 *Walter L. Taylor*

Licensed Embalmer No. 4225.....

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.