

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41012
5560

BIRTH NO. 65865-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) North Kansas City 0248 94	
c. LENGTH OF STAY (in this place) 1 3/4 hours		d. STREET ADDRESS (If rural, give location) Winnwood Gardens Rt 13 Suburban "A"	
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Bennie b. (Middle) Edward c. (Last) Smitherman			4. DATE OF DEATH (Month) (Day) (Year) Dec 30, 1950
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1	8. DATE OF BIRTH Sept. 27, 1950
9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 3 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Hallie Smitherman Jr.		13b. MOTHER'S MAIDEN NAME Ruth Elaine Swart	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallie Smitherman Rt. 13, K.C. Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Convulsions & Apnea DUE TO (c) Upper respiratory infection - congestive II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 8 hours		2 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 12-26 , 1950, to 12-30 , 1950, that I last saw the deceased <input checked="" type="checkbox"/> alive on 12-30 , 1950, and that death occurred at _____ m., from UP causes and on the date stated above.			
23a. SIGNATURE R.D. Dwyer MD		23b. ADDRESS 1902 North Kansas City, Mo.	23c. DATE SIGNED 12/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1	24b. DATE 1-2-51	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Liberty, Missouri
DATE REC'D BY LOCAL REG. 12-31-50	REGISTRAR'S SIGNATURE Steveldine Holmea	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SONS North Kansas City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John V. Herrick Jr.

working under my personal supervision.

Student Embalmer No. *393*

Signed *John V. Herrick, Jr.*
Student Embalmer

Signed *Glen F. Hill*

Licensed Embalmer No. *4586*

P. O. Address *Acworth, 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 this body is not embalmed, fact should be so stated above.