

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23974

State File No. ....

FILED JUL 18 1956

2881

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>53 YEARS</u>	c. CITY OR TOWN <u>Kansas City</u>	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 <u>St. Luke's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4626 PENNSYLVANIA AVE.</u>	<u>36420</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>J.</u> c. (Last) <u>Smitherman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1956</u>	
5. SEX <u>Male</u>	6. COLOR OF FACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MARCH-27-1904</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STONE HARDWARE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EARL H. SMITHERMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>FANNY DOW</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. VIRGINIA SMITHERMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-20-9836</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VIRGINIA SMITHERMAN</u>		ADDRESS <u>4626 PENNSYLVANIA KANSAS CITY MO.</u>	

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Colon, descending  
C lung + liver metastases

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
153X

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION <u>6-28-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>same as 1. above, and jaundice, ascites</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	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 6-26, 1956, to 6-30, 1956, that I last saw the deceased alive on 6-29 1956, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Engel</u>	(Degree or title) <u>John A. Griffith</u>	23b. ADDRESS <u>315 Michol Rd. Kan City Mo</u>	23c. DATE SIGNED <u>6-30-56</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY-2-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLUE SPRINGS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BLUE SPRINGS MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>7-2-56</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u> ADDRESS <u>1331 BRASH CREEK KANSAS CITY MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
L. P. Engel by John A. Griffith

**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. *Robert Ray*.....

Licensed Embalmer No. *418*.....

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.