

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33551

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4113

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>60 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5306 E 12th St.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Earl</b>	b. (Middle) <b>Hardin</b>	c. (Last) <b>Smitherman</b>	(Month) <b>Sept</b>	(Day) <b>19,</b>	(Year) <b>1955.</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 18, 1870.</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber Muehlebach Hotel</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Jay Smitherman</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Hackley</b>	14. NAME OF HUSBAND OR WIFE <b>Jane Smitherman</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 # <b>487-01-2637A</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jane Smitherman 5306 E 12 K.C. Mo.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>about 6 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of larynx and esophagus</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Primary site probably in larynx &amp; extension into upper esophagus</i> DUE TO (c) <i>extension into upper esophagus</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		161X	

19a. DATE OF OPERATION <b>Biopsy 8-13-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of esophagus and larynx</b>	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)	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 July 26, 1955 to Sept. 19, 1955, that I last saw the deceased alive on 9-19-55, 1955, and that death occurred at 11:40 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Edgar Hardin</b> (Degree or Title)	23b. ADDRESS <b>1103 Grand Avenue, K.C., Mo.</b>	23c. DATE SIGNED <b>9-20-55.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 22, 1955.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-21-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. C.L. Forster Funeral Home Kansas City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

74-2302

**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.....  
Licensed Embalmer No. 358

P. O. Address R.C. M...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.