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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. E. Pearson

Medical Certification

Victim, witness, etc. must use only black ink or ribbon type. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14770

STATE FILE NUMBER

279

Registration District No. 149

Primary Registration District 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 Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			c. CITY OR TOWN Kansas City		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp			d. STREET ADDRESS 4220 Euclid		
Length of stay in hospital 50 Yrs.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Lottie Lee Smitherman			4. DATE OF DEATH Month Jan. Day 18 Year 1957		
5. SEX Female			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Feb. 5th 1890		
9. AGE (In years last birthday) 66 Yrs.			10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) Atchison Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Joan M. Lee			14. MOTHER'S MAIDEN NAME Minnie Mowery		
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. 487-07-9009		
17. INFORMANT John Smitherman			Address 4220 Euclid, K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary Thrombosis, old well healed			INTERVAL BETWEEN ONSET AND DEATH 4220		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 July 5, 1946 to Jan 18, 1957 and last saw her alive on Jan 18, 1957 Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE P. E. Pearson (Degree or title) M.D.			22b. ADDRESS 1025 R. Bldg, K. C. Mo.		
22c. DATE SIGNED 1/19/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Jan. 21, 1957		
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS			23d. LOCATION (City, town, or county). (State) BLUE RIDGE & GREGORY, K.C. MO.		
24. FUNERAL DIRECTOR FLORAL HILLS MEM. CHAPELS, INC. K.C. MO			25. DATE RECD. BY LOCAL REG. 1-19-57		
26. REGISTRAR'S SIGNATURE Neva Marshall					

(Licensed Embolmer's Statement on Reverse Side)

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 Emmett L. Lee

Licensed Embalmer No. 48

P. O. Address Lawson C

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