

Dr. Benson  
FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39826

STATE FILE NUMBER

Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 10

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clarkston</u>   |                               | c. CITY OR TOWN <u>Clarkston</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location).<br>HOSPITAL OR INSTITUTION <u>home</u>   |                               | d. STREET ADDRESS (If outside, give location) <u>35</u>   |   |
| Length of stay in 1b <u>3 yrs</u>   |                               | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>James Wesley</u> Middle <u>Smith</u> Last <u>Smith</u>  |                               |   | 4. DATE OF DEATH<br>Month <u>11</u> Day <u>21</u> Year <u>1957</u>                                |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-4-1877</u>  |
| 9. AGE (In years last birthday) <u>80</u>   |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer (Retired)</u>                                       | 11. BIRTHPLACE (City and state or country) <u>Dunklin, Mo.</u>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |
| 13a. FATHER'S NAME <u>Unknown</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Sarah Louise Cline</u>   | 14. NAME OF HUSBAND OR WIFE <u>Laura Smith</u>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                               | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT <u>C. L. Smith, San Bernardino, Calif</u>   |                               | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Liver failure from metastatic carcinoma.</u><br>DUE TO (b) <u>Carcinoma of Pancreas</u><br>DUE TO (c) <u>157X</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                               |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                               |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour <u>3:20</u> Month, Day, Year <u>11-21-57</u><br>a.m. <u>AM</u><br>p.m.  |                               |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>11-11-57</u> to <u>11-19-57</u> and last saw her alive on <u>11-19-57</u><br>Death occurred at <u>3:20 AM 11-21-57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |   |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>   |                               | 22b. ADDRESS <u>217 Colley St. Kennett Mo.</u>  |   |
| 22c. DATE SIGNED <u>11-21-57</u>  |                               |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 23b. DATE <u>11-22-1957</u>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cem</u>   |                               | 23d. LOCATION (City, town, or county) (State) <u>Near Clarkston, Mo.</u>  |   |
| 24. FUNERAL DIRECTOR <u>Tom Bradshaw - Gideon, Mo</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>11-21-57</u>  |   |
| 26. REGISTRAR'S SIGNATURE <u>J. D. Schaeffer</u>  |                               |   |   |

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 11-27-58  
COUNTY FILE NUMBER 1157-

JAN 20 1958

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 *Lloyd Russell* .....

Licensed Embalmer No. *509-9rk*  
P. O. Address *Jiggatt, Ark.*

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.