

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006166

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 2030 Registrar's No. 25

300
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS, MO.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FESTUS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR - NONE	Length of stay in lb	d. STREET ADDRESS (If outside, give location) GLASS, STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN SMITH	4. DATE OF DEATH Month Day Year 2-22-58
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5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 10-1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GLASS WORKER	10b. KIND OF BUSINESS OR INDUSTRY P. P. G. CO.	11. BIRTHPLACE (City and state or country) MINERAL POINT, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME GEORGE SMITH	13b. MOTHER'S MAIDEN NAME Lucy DeChue	14. NAME OF HUSBAND OR WIFE ETHEL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Lillie Smith St Louis - mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3° BURNS - 100% OF BODY		INTERVAL BETWEEN ONSET AND DEATH
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Home Fire.
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20c. TIME OF INJURY Hour Month, Day, Year 6:15 p.m. 2/22/58	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Festus	COUNTY JEFF	STATE MO.
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21. I attended the deceased from Death occurred at 6:15 P. , to Inquest. , to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Fisher M.D. Coroner	22b. ADDRESS Festus Mo.	22c. DATE SIGNED 2/25/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-27-58	23c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY	23d. LOCATION (City, town, or county) FESTUS, MO.
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24. FUNERAL DIRECTOR GENTRY R. POLITTE	ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-26-58	26. REGISTRAR'S SIGNATURE John G. Rogers
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

2-21

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 4 1958

MAR 12 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 *Guerry L. Palitte*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City*

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.