

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006754
State File No. _____

FILED FEB 27 1958

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. LENGTH OF STAY (in this place) <u>11 DAYS</u>	c. CITY OR TOWN <u>ELSBERY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>508 N. THIRD</u> <u>0570</u>	

3. NAME OF DECEASED a. (First) <u>THOMAS</u>		b. (Middle) <u>CLAIBURN</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 16, 1958</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 8, 1869</u>	
9. AGE (In years last birthday) <u>88</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>MERCHANT-ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF GRAC. + HARDWARE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>R. F. D. ELSBERRY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>NOAH W. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE SANDERS</u>		14. NAME OF HUSBAND OR WIFE <u>LIZZIE SMITH</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. T. C. SMITH - ELSBERRY, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident.</u>		<u>unknown</u>	
		ANTECEDENT CAUSES			
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>			
		DUE TO (b) <u>arteriosclerotic hypertensive cardio vascular disease.</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION -----		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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) -----	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2/5/58, 1958, to 2/16, 1958, that I last saw the deceased alive on 2/16/58, 1958, and that death occurred at 3:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. H. Luellen M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>2-17-58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 18, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERY, Mo.</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 18, 1958 Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O'Garra - Elsberry Mo.</u>	
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APR 23 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 *G. L. ...*

Licensed Embalmer No... 4017

P. O. Address *Elsherry*

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.