

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013514
State File No.

FILED MAY 14 1958

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5-181 Registrar's No. 301

0160

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Ridge</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Ridge</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>West</u> b. (Middle) _____ c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 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>May 2, 1893</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Master</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Master</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Post Office</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Silas A. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Rumpelt</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Smith</u>
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'S SIGNATURE OR NAME <u>Mrs. Lillian Smith</u> ADDRESS <u>Oak Ridge Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsonism</u>		<u>12 hrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>4201</u>
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 5-2, 1958, to 5-2, 1958, that I last saw the deceased alive on 5-2, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. N. Jager M.D.</u> (Degree or title)	23b. ADDRESS <u>Jackson Mo.</u>	23c. DATE SIGNED <u>May 3, 1958</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>
	24d. LOCATION (City, town, or county) (State) <u>Oak Ridge Mo.</u>	

DATE REC'D BY LOCAL REG. <u>May 6, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer C. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Cracraft</u> ADDRESS <u>Jackson, Mo.</u>
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MAY 1 1958

MAY 15 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
Student Embalmer

Signed Gene P. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Ma

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 this body is not embalmed, fact should be so stated above.