

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013892

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 433A

300
1-570

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1550 a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Stotts City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Richard Middle Smith Last Smith		4. DATE OF DEATH Month 4 - Day 22 - Year 58	
5. SEX Male 0	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 1 - 10 - 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Fairplay Mo.
13a. FATHER'S NAME Wesley Smith		13b. MOTHER'S MAIDEN NAME Eva Grant	14. NAME OF HUSBAND OR WIFE Matilda M. Smith
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. none	17. INFORMANT Address Matilda M. Smith Stotts City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic nephrosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) with anemia DUE TO (c) Generalized arteriosclerosis			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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> none <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 446X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. none p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-19-58 to 4/22/58 and last saw him alive on 4-22-58 Death occurred at 2:03 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.D. Sam, M.D.		22b. ADDRESS 609 cherry, Springfield	22c. DATE SIGNED 4/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4 - 25 - 58	23c. NAME OF CEMETERY OR CREMATORY Pemberton Cemetery	23d. LOCATION (City, town, or county) (State) Dade Co. Mo.
24. FUNERAL DIRECTOR ADDRESS H. D. Fossett Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE Effie S. Metten

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed W. W. Forest

Licensed Embalmer No. 2201

P. O. Address W. Vernon

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.