

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019273

STATE FILE NUMBER

FILED JUN 5 1958

Registration District No. 277 Primary Registration District No. 411 Registrar's No. 32

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pike County</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Bowling Green</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>0820</u>
c. FULL NAME OF (If in hospital, give location) HOSPITAL OR <u>Rest Home</u> INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) _____ (If outside, give location)
3. NAME OF DECEASED (Type or print) <u>Charles</u> <u>Smashey</u>		First <u>Charles</u> Middle <u>M</u> Last <u>Smashey</u>	4. DATE OF DEATH Month <u>May</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March-24-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	9. AGE (In years last birthday) <u>82</u>
11. BIRTHPLACE (City and state or country) <u>Hammihal, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm. Thomas Smashey</u>		14. MOTHER'S MAIDEN NAME <u>Salley Marsh</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>No---</u>	17. INFORMANT <u>Mrs. Roy Lindsey, La. Missouri</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Caraberal Hemorrhage</u> <u>Arterio Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>May 10 - 58</u> <u>Sys</u> <u>331X</u>			19. WAS AUTOPSY PERFORMED? 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 Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>Bowling Green, Missouri</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>1957</u> to <u>5-15-58</u> and last saw her alive on <u>5-13-58</u> Death occurred at <u>4 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T. M. Mathews M.D.</u>		22b. ADDRESS <u>Bowling Green, Missouri</u>	22c. DATE SIGNED <u>5-26-58</u>
23a. BURIAL, CREMATION, etc. (Specify) <u>Burial</u>	23b. DATE <u>5/17/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri.</u>
24. FUNERAL DIRECTOR <u>Wagner-Butler, Louisiana, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-30-58</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>

(Licensed Embalmer's Statement on Reverse Side)

250

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 *George O. Wagner*.....  
Licensed Embalmer No. *37*.....

P. O. Address *Loosean*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.