

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020773

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 197

300
-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Winigan 0580
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRIM-SMITH HOSPITAL & CLINIC		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) 6 Mi. W. of Winigan
3. NAME OF DECEASED (Type or print) First Middle Last Rollo Henry Smith			4. DATE OF DEATH Month Day Year June 9, 1958
5. SEX Male	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 8-6-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or county) Sullivan Co., Missouri
13a. FATHER'S NAME Benjamin Smith		13b. MOTHER'S MAIDEN NAME Betty Deskins	14. NAME OF HUSBAND OR WIFE Myrtle 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. 496-42-1780	17. INFORMANT Address Mrs. Myrtle Smith, Winigan, 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) Post operative lower nephron nephrosis			INTERVAL BETWEEN ONSET AND DEATH 5410
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulceration & gastroenterostomy, Ess. hypertension			
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 21, 1958 to June 9, 1958 and last saw him alive on June 9, 1958 Death occurred at 8:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P.E. Hilton, M.P.		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 6/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/11/1958	23c. NAME OF CEMETERY OR CREMATORY NORTH SALEM CEMETERY	23d. LOCATION (City, town, or county) (State) LINN CO. Mo.
24. FUNERAL DIRECTOR Glenn E. Kenton, Green City Mo.		25. DATE RECD. BY LOCAL REG. 6-12-58	26. REGISTRAR'S SIGNATURE Doris W. Raloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo.*

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.