

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021282

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 73

Primary Registration District No. 5291

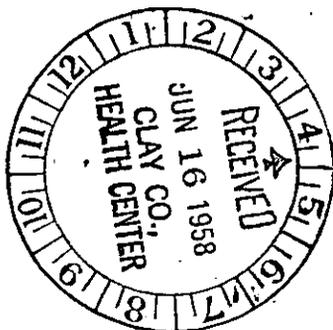
Registrar's No. 85

300
1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY OR TOWN Liberty (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN Excelsior Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF Hospital		d. STREET ADDRESS Milwaukee St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Crumm Smallwood		4. DATE OF DEATH Month Day Year June 8, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Transfer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Holt, County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David P. Smallwood		13b. MOTHER'S MAIDEN NAME Emily King	
14. NAME OF HUSBAND OR WIFE Lucy Smallwood		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. 491-01-8618B		17. INFORMANT Address Mrs. Raymond Foley, Excelsior Springs, 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) cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral arterial sclerosis DUE TO (c) 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days unk
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 Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from 1-1-47 to 6-8-58 and last saw ^{her} _{him} alive on 6-6-58 Death occurred at 10:00 P M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Doris Musgrave U.D.		22b. ADDRESS Excelsior Springs, Mo	
22c. DATE SIGNED 6-11-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-9-58		23c. NAME OF CEMETERY OR CREMATORY Crown Hill	
23d. LOCATION (City, town, or county) Excelsior Springs, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 6-13-58	
26. REGISTRAR'S SIGNATURE Mabel Graham			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Emilee Jarman*

Licensed Embalmer No. *4589*
P. O. Address *Euclid Springs, 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.