

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028551
STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 66

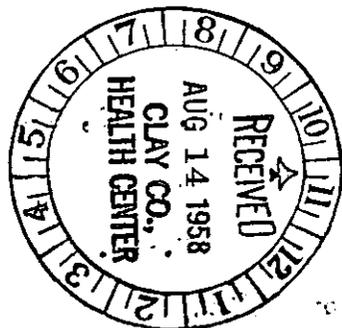
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Bland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If outside, give location) Route-1	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle R. Last SMITH		4. DATE OF DEATH Month Aug. Day 11 Year 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 March 11, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Bland, Missouri
13a. FATHER'S NAME Clint Smith		13b. MOTHER'S MAIDEN NAME Ida Stockton	14. NAME OF HUSBAND OR WIFE Dora Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 031 10 2983	17. INFORMANT VA Hospital records
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 heart disease			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200A			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 1. TB, pulm. chr. far adv. active. 2. Plumbage with lucite balls and erosion upper left ribs.			19. WAS AUTOPSY PERFORMED? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE 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 - - -	
20g. COUNTY - - -		20h. STATE - - -	
21. I attended the deceased from August 6, 1958 to August 11, 1958 Death occurred at 6:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. J. MANFELL, M.D., Acting Pathologist		22b. ADDRESS VAH, Excelsior Springs, Mo.	
22c. DATE SIGNED 8-12-58			
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL		23b. DATE 8-12-58	
23c. NAME OF CEMETERY OR CREMATORY UNKNOWN		23d. LOCATION (City, town, or county) (State) BLAND, MISSOURI	
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 8/11/58	
24. ADDRESS Excelsior Springs, Missouri		26. REGISTRAR'S SIGNATURE Caroline Butcherings	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

F.B.S. City

Health, & Welfare Public Service 300 1-57
Every member, over most, etc., 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 *Lincoln Jarman*

Licensed Embalmer No. *4589*
 P. O. Address *Excelsior Sp...*

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.