Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029424
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 437

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St John's Hosp — Length of stay in 1b: 18 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin 0495 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 511 West 3rd Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ray Middle: H. Last: Smith
4. DATE OF DEATH: Month 8 Day 26 Year 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-12-1892
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smith Heating Co
10b. KIND OF BUSINESS OR INDUSTRY: Heating
11. BIRTHPLACE (City and state or country): Superior, Wisconsin 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William Henry Smith
13b. MOTHER'S MAIDEN NAME: Martha Alice Taylor
14. NAME OF HUSBAND OR WIFE: Georgia Board Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): Yes (If yes, give war or dates of service): WW war #1
16. SOCIAL SECURITY NO.: 495-36-2911
17. INFORMANT: Georgia Board Smith Address: Joplin, Mo 511 W. 3rd St

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
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 [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 January 7, 1954 to August 26, 1958 and last saw him alive on August 26, 1958
Death occurred at 10:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lloyd Ruthe (Degree or title) M.D. 0
22b. ADDRESS: 6-7 F-R-L Bldg. Joplin, Mo.
22c. DATE SIGNED: 8-29-1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-29-1958
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo
25. DATE RECD. BY LOCAL REG.: 9-5-1958
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

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.

SEP 12 1958

SEP 10 195

WS JAN 13 1960

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 Robert L. Fuller

Licensed Embalmer No. 5062

P. O. Address Joplin, 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.