

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033588
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 231 Primary Registration District No. 5813 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Montgomery					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN near Wellsville, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN RR#1 Montgomery City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS Montgomery Twp.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HERBERT Middle D Last SMITH				4. DATE OF DEATH Oct. 2, 1958 Month Day Year					
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 Apr. 5, 1900		9. AGE (In years last birthday) 58	10. FUNDER 1 YEAR Months 5 Days 9	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY truck driver		11. BIRTHPLACE (City and state or country) Montgomery County Mo		12. CITIZEN OF WHAT COUNTRY? J.S.A.		
13a. FATHER'S NAME Marion Smith			13b. MOTHER'S MAIDEN NAME Blanche Heskett			14. NAME OF HUSBAND OR WIFE Lillie Susan Davis 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. 494-07-6700		17. INFORMANT Mrs. Lillie S. Davis Smith Address Montgomery				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS							INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Hours		
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 <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 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 Oct. 2 '58 to Oct 2 '58 and last saw ^{her} him alive on Oct 2-1958 Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Alan Audole (Degree or title) -D.O. 2				22b. ADDRESS Montgomery City, Mo			22c. DATE SIGNED 10.4.58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery			23d. LOCATION (City, town, or county) (State) Middletown, Mo.			
24. FUNERAL DIRECTOR'S [Signature] ADDRESS Wellsville, Mo.			25. DATE RECD. BY LOCAL REG. 10-6-58		26. REGISTRAR'S SIGNATURE Laura S. Callaway				

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *Howard F. Myers*

Licensed Embalmer No. *2494*
P. O. Address *Willsville*

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.