Health, L Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044796
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 179 Primary Registration District No. 5669 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hawk Point Twp — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt 1 Bx 45A — Length of stay in Ib: 1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Hawk Point 0570 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Farm — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: H. Last: Smith
4. DATE OF DEATH: Month: Dec. Day: 27 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept, 3, 1895
9. AGE (In years last birthday): 66 — 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): Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (City and state or country): Pomona, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Henry M. Smith
13b. MOTHER'S MAIDEN NAME: Ellen Smith
14. NAME OF HUSBAND OR WIFE: Josephine Pudwell Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-09-0682
17. INFORMANT: Josephine Smith Address: Hawk Point, Mo. Box 45A Rt 1

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ???
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Subject died in sleep approx 4 hrs prior to discovery.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 _____, to _____ and last saw her/him alive on _____
Death occurred at About 3:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph J. Marsh (Degree or title): CORONER 3
22b. ADDRESS: Troy, Missouri
22c. DATE SIGNED: 12/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/29/58
23c. NAME OF CEMETERY OR CREMATORY: Hawk Point Cem.
23d. LOCATION (City, town, or county) (State): Hawk Point, Missouri

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Fun. Home, Troy, Mo.
25. DATE RECD. BY LOCAL REG.: 12-29-58
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(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.

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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, ~~xxxx~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.