

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045127
STATE FILE NUMBER 488

FILED JAN 5 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 488

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|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Pettis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Sedalia | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedalia Rest Home | | Length of stay in lb 50 years | d. STREET ADDRESS (If outside, give location) 915 So. Lamine | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ARETAS Middle K Last SMITH | | | 4. DATE OF DEATH Month Dec. Day 24 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 Sept. 1, 1877 | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (last birthday) Months Days Hours Min. 81 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith | | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R. | 11. BIRTHPLACE (City and state or country) Frederick County, Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Joseph Smith | | 13b. MOTHER'S MAIDEN NAME Maria Lumm | | 14. NAME OF HUSBAND OR WIFE Etta Lumm 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. Not given | | 17. INFORMANT Address Mrs. Etta Smith, Sedalia, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melaninutem | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular accident | | | | | |
| DUE TO (c) Generalized arterio sclerosis | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | | | 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 <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 COUNTY STATE | |
| 21. I attended the deceased from July 19, 1957 to Nov. 14, 1958 and last saw him alive on Nov. 14, 1958 Death occurred at Dec 24, 1958 10:30 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Thomas J. Hyattman, M.D.</i> (Degree or title) | | | 22b. ADDRESS Sedalia, Mo | | 22c. DATE SIGNED 12/28/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 26 Dec. 1958 | 23c. NAME OF CEMETERY OR CREMATORY Crown Hill | | 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS D. W. HECKART, Sedalia, Mo | | | 25. DATE RECD. BY LOCAL REG. 12-28-1958 | | 26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i> |

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *D. J. Shaffer*

Licensed Embalmer No. *5063*.....
P. O. Address *Fedalia, 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.