

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047096

STATE FILE NUMBER

FILED JAN 16 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 2

300
1-57

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY OR TOWN TRENTON		c. CITY OR TOWN TRENTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1411 Main St.		d. STREET ADDRESS (If outside, give location) 1411 Tindall	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle OSCAR Last SMITH		4. DATE OF DEATH Month Dec. Day 11 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 18, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		11. BIRTHPLACE (City and state or country) GRUNDY COUNTY	
13a. FATHER'S NAME GEO. WASHINGTON SMITH		14. NAME OF HUSBAND OR WIFE NOVA SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> , or <u>unknown</u>) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 707-16-7844	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured Atherosclerotic Vessels</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4621</u>			
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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at <u>Jan 23rd 1958</u> , to <u>Dec 11th 1958</u> and last saw her/him alive on <u>Dec 28th 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE <u>Cherif F. Duffy MD.</u> (Degree or title)		22b. ADDRESS <u>Trenton</u>	
22c. DATE SIGNED <u>Jan 13 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/14/58	
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		23d. LOCATION (City, town, or county) (State) Trenton, Missouri	
24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton, Missouri		25. DATE RECD. BY LOCAL REG. 1-3-59	
26. REGISTRAR'S SIGNATURE <u>Dwaine Fair</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

R. Oliver Duffy

AUG 4 1959

JAN 20 1959

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 *Claude H. Crandall*

Licensed Embalmer No. *4986*
P. O. Address *Trenton, N.J.*

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.