

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047202

STATE FILE NUMBER

8

FILED JAN 26 1958

Registration District No. 245

Primary Registration District No. 3047

Registrar's No.

2
300
1-57

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo		b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Goodman	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAHE MEM. Hosp		Length of stay in 1b 2 WKS.		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JAMES			Middle V.		
Last SMITH			4. DATE OF DEATH 2-11-1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1878	9. AGE (In years last birthday) 84	10. MONTH 4
				11. DAYS 24	12. HOURS 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RET		11. BIRTHPLACE (City and state or country) JAMESVILLE Wis. U.S.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME FRED SMITH		13b. MOTHER'S MAIDEN NAME Alice W. VANETTA	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT FRED SMITH		Address Goodman Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chemia</i> DUE TO (b) <i>Cardiac Decompensation</i> DUE TO (c) <i>Chronic Arthritis 4344</i> 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 <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1-23-58</u> , to <u>2-11-58</u> and last saw him alive on <u>2-11-58</u> Death occurred at <u>4:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. Blankenship M.D.</i>		(Degree or title)		22b. ADDRESS <i>Neosho Mo</i>	
22c. DATE SIGNED <u>1-23-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <u>2-13-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ANDERSON CEM</u>	
23d. LOCATION (City, town, or county) <u>ANDERSON</u>		(State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>H. MORTREY & SON F. HOME</u>		ADDRESS <u>ANDERSON, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 23, 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 28 1959

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RECEIVED
STATE BOARD OF HEALTH OFFICER No. *Thompson*
5-9-16

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 *Mayne E. Humphrey*

Licensed Embalmer No. *4262*
P. O. Address *Greenville*

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.