Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002384
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sedalia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell Hosp — Length of stay in lb: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Sweet Springs 0770 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 113 Patrick st — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Walter — Middle: Lafayette — Last: Smith

4. DATE OF DEATH: Month: Jan — Day: 8 — Year: 1959

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: April 23, 1880
9. AGE (In years last birthday): 78 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Sweet Springs, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm K. Smith
13b. MOTHER'S MAIDEN NAME: Betty K. Keister
14. NAME OF HUSBAND OR WIFE: Eliza Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-44-6684
17. INFORMANT: Glenn Smith — Address: 113 Patrick st, Sweet Spgs 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): Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pulmonary Metastasis — 1 year
DUE TO (c): Carcinoma of the Prostate — 7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Lymphatic Leukemia.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 177X
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 1956, to 1959 and last saw her/him alive on 1-8-59
Death occurred at 11:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A Donley MD
22b. ADDRESS: Sweet Springs, Mo
22c. DATE SIGNED: 1-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 11, 1959
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Sweet Springs, Mo

24. FUNERAL DIRECTOR — ADDRESS: Edgar L Moseley, Sweet Springs Mo.
25. DATE RECD. BY LOCAL REG.: Jan 10 1959
26. REGISTRAR'S SIGNATURE: Francis S Kelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address Sweet Springs, 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.