

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
360

59-004262
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 21

FILED FEB 3 1959

300 2
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Spangerville 1690 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hospital #3		Length of Stay 5-25	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Deforese Smith			4. DATE OF DEATH Month Day Year 1 12 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-28-71-9
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur Wellington Smith		13b. MOTHER'S MAIDEN NAME Lucy Miller	
14. NAME OF HUSBAND OR WIFE Hortnesse Smith		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Adm Papers	
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 Vessel Disease DUE TO (b) Atheromatous Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senilementia			INTERVAL BETWEEN ONSET AND DEATH 1rs. Yrs.
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 4-25-55 to 1-12-59 and last saw ^{him} alive on 1-12-59 Death occurred at 5:20 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. <i>E. Allen Pickens, M.D.</i> Physician (Print name)		22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 1-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1959 January 14	23c. NAME OF CEMETERY OR CREMATORY MOORE Cemetery	23d. LOCATION (City, town, or country) (State) Nevada, Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 1-30-59	26. REGISTRAR'S SIGNATURE <i>Anna G. Perry</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *[Handwritten Signature]*

Licensed Embalmer No. *4822*

P. O. Address *[Handwritten Address]*

- 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.