

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004444

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hosp.		Length of stay in 1b 2 da.	d. STREET ADDRESS (If outside, give location) 404 N Fulton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Foster Last Smith			4. DATE OF DEATH Month Mar Day 2 Year 1959		
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 April 21 1881		9. AGE (In years last day) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired R R Employee		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Franklin Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Smith		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Charlotte Mabel 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.		17. INFORMANT Address Mrs Hugh Sanders-Butler 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) ACUTE PULMONARY EDEMA					INTERVAL BETWEEN ONSET AND DEATH 36 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE MYOCARDIAL FAILURE					36 HOURS
DUE TO (c) MITRAL INSUFFICIENCY 4/EXH					UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LYMPHO SARCOMA MEDIASTINAL GLANDS					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 FEB 1957 to MAR 1, 1959 and last saw ^{her} him alive on MAR 1, 1959 Death occurred at 3:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John M Cooper M.D.			22b. ADDRESS Butler Missouri		22c. DATE SIGNED MAR 2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/3/59	23c. NAME OF CEMETERY OR CREMATORY Elmwood Gemetery		23d. LOCATION (City, town, or county) (State) Chanute Kansas
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.			25. DATE RECD. BY LOCAL REG. Mar. 3-1959		26. REGISTRAR'S SIGNATURE Randall Perry

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 *Robert S. Steinfeld*

Licensed Embalmer No. 4657

P. O. Address Butler, 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.

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