

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006211

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 36

300
1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon 65320	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 244 1/2 N. Monroe		d. STREET ADDRESS (If outside, give location) 244 1/2 N. Monroe	
3. NAME OF DECEASED (Type or print) First David Middle Lee Last Smith		4. DATE OF DEATH Month Feb. Day 28, Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Lebanon, Missouri
13a. FATHER'S NAME John Wesley Smith		13b. MOTHER'S MAIDEN NAME Gladys Rogers	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. mpme	17. INFORMANT Lela Smith Address Lebanon, 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) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9240			INTERVAL BETWEEN ONSET AND DEATH ?
20a. ACCIDENT <input checked="" 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.) Was accidentally asphyxiated while	
20c. TIME OF INJURY Hour 5:10 a.m. Month 2 Day 26 Year 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Lebanon, Mo. COUNTY Laclede STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at Lebanon on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. B. Patmurgy (Degree or title) Coroner		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 3-1-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-1-59	23c. NAME OF CEMETERY OR CREMATORY Prosperine	23d. LOCATION (City, town, or county) (State) Laclede Co., Missouri
24. FUNERAL DIRECTOR H. J. Shadel ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 3-1-1959	26. REGISTRAR'S SIGNATURE Hella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filled MAR 9 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 *R. W. Garber*

Licensed Embalmer No. *2848*
P. O. Address *W. G. Lane*

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.