

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006399

STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 43

300
1-57 C

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal 0644 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hosp.		Length of stay in 1b 20 yrs.	d. STREET ADDRESS (If outside, give location) 2005 Market
3. NAME OF DECEASED (Type or print) First Middle Last William Luther Smith			4. DATE OF DEATH Month Day Year Feb. 3, 1959
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 23, 1895
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Braceletarian		9b. KIND OF BUSINESS OR INDUSTRY C. & Q. Railroad	9c. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) Carrollton Illinois
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George W. Smith		13b. MOTHER'S MAIDEN NAME Leona Currings	14. NAME OF HUSBAND OR WIFE Unk.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 490-07-6748	17. INFORMANT Address Mrs. R. J. Heavenridge 2005 Market St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung			INTERVAL BETWEEN ONSET AND DEATH 3 months
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 1-24-59 to 2-3-59 and last saw her/him alive on 2-3-59 Death occurred at 8:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Levering - MD		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	22c. DATE SIGNED 2-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR Jacob Seligson - Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 2-17-59	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

DATE FILED

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 *Jack Schwartz*

Licensed Embalmer No. *4900*

P. O. Address *Hamlet*

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.