

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008136

STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 347

Primary Registration District No. 6166

Registrar's No. 45

300
1-57

1. PLACE OF DEATH a. COUNTY Stone County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route 1 Marionville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Route 1 Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Tierney</i>		Length of stay in 1b 15 yrs.	d. STREET ADDRESS (If outside, give location) Route 1		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Harrison Smart			4. DATE OF DEATH Month Day Year Feb. 7, 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 March 16, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 10 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Christian Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Frank Smart		13b. MOTHER'S MAIDEN NAME Cathrine E. Sullivan		14. NAME OF HUSBAND OR WIFE Clara Smart	
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. no	17. INFORMANT Address Glen Smart, Marionville, 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) <i>Myocardial Infarction</i> DUE TO (b) <i>Coronary Arteriosclerosis</i> DUE TO (c) <i>Chronic Glomerulonephritis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 3 Years Years.	
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 1939 to Feb-7-1959 and last saw him alive on February 3, 1959 Death occurred at 5:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Inscribed or title) <i>A. S. Ogden M.D.</i>			22b. ADDRESS Linn, Mo.		22c. DATE SIGNED 2-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/10/59	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		23d. LOCATION (City, town, or county) (State) Marionville, Mo.
24. FUNERAL DIRECTOR ADDRESS <i>J. B. Swearingen</i> Marionville, Mo.			25. DATE RECD. BY LOCAL REG. Feb. 9-1959		26. REGISTRAR'S SIGNATURE <i>Mrs. J. Edmund Ross</i> <i>Pat Lena Murray</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William A. Fuller*

Licensed Embalmer No. *4658*
P. O. Address *Marionville*

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.