THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008227
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SEYMOUR — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: WEBSTER
c. CITY OR TOWN: SEYMOUR — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle RUSH Last SMITH
4. DATE OF DEATH: Month 3 Day 1 Year 59
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JAN. 2, 1874
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): WEBSTER Co. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MELVIN SMITH
14. MOTHER'S MAIDEN NAME: ELIZABETH BRAWLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. BELLE SMITH — Address: SEYMOUR, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Embolism — ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease c̄ Stasis Phelbothrombosis — 2 YRS
DUE TO (c) Arteriosclerosis — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4 4 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 MAY-10-57 to 3-1-59 and last saw ~~her~~ him alive on 2/25/59
Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. R. Gill (Degree or title) D.O. 2
22b. ADDRESS: Seymour
22c. DATE SIGNED: 3/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-3-59
23c. NAME OF CEMETERY OR CREMATORY: SEYMOUR MASONIC CEMETERY
23d. LOCATION (City, town, or county) (State): WEBSTER Co. Mo.
24. FUNERAL DIRECTOR: Robert Bergman — ADDRESS: Seymour, Mo.
25. DATE RECD. BY LOCAL REG.: 3-5-1959
26. REGISTRAR'S SIGNATURE: Gilbert Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L. Miller

Licensed Embalmer No. 4

P. O. Address Mangi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.