

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008673

STATE FILE NUMBER

FILED APR 3 1959 Registration District No. 58 Primary Registration District No. 40 89 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>CARTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CARTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grandin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Grandin</b> 0186 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grandin</b>		Length of stay in 1b <b>79 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>George W. Smith</b>			4. DATE OF DEATH Month Day Year <b>MARCH 12, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 24, 1865</b>		9. AGE (In years last birthday) <b>93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Smith</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>FRANK Smith</b> Address <b>Grandin, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompression</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
DUE TO (b) <b>Arteriosclerotic embolization</b>			
DUE TO (c) _____			<b>3 weeks</b>
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 <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.) <b>4331</b>		
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 <b>Sept 58</b> to <b>12 Mar 59</b> and last saw him alive on <b>1 Mar 59</b> Death occurred at <b>10:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W. H. Bradman MD</b>			22b. ADDRESS <b>321 Oak Poplar Bluff Mo</b>		22c. DATE SIGNED <b>25 Mar 59</b>

23a. BURIAL, CREMATION, REMOVAL, (Specify) <b>BURIAL</b>		23b. DATE <b>MAR. 15, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McROAN Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>CARTER County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Edwards Funeral Home Daniphan, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>Mar 26 - 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Octa Henson</b>

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 *Gene Harsent*

Licensed Embalmer No. *4809*  
P. O. Address *Naylor, 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.