

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012080

FILED MAR 24 1959

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 64

300
-57

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada, Hospital		Length of stay in 1b 2 Years	d. STREET ADDRESS (If outside, give location) R.F.D.No.1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Edward Last Smith			4. DATE OF DEATH Month March Day 20 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & County Judge		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Vernon County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Edward Smith		13b. MOTHER'S MAIDEN NAME Nancy Christian Forrester		14. NAME OF HUSBAND OR WIFE Deceased	
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. 493-36-2941		17. INFORMANT Address Mrs. Ruby Hawkins, Neice, Nevada, 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) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 Years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 45CPH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Vesicle bleeding due to Carcinoma of Prostate					
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 _____ 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 7/20/42 to 3/20/59 and last saw him alive on 3/20/59 Death occurred at 11:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ray W. Pearson M.D.			22b. ADDRESS Nevada, Mo		22c. DATE SIGNED 3/20/59
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE #3-23-1959	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri
24. FUNERAL DIRECTOR Hays Funeral Service, Inc. Nevada, Missouri			25. DATE RECD. BY LOCAL REG. 3-21-1959		26. REGISTRAR'S SIGNATURE Orma E. Jerry

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 *Richard L. Griffin*

Licensed Embalmer No. *5053*
P. O. Address *H. S. ... K*

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.