

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014103  
State File No.

FILED MAY 4 1959

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>MAHIE'S</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MAHIE'S</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VIENNA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle MO</u> 0630	
c. LENGTH OF STAY (in this place) <u>2 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>Belle MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VIENNA</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roy</u>	b. (Middle) <u>Fredrick</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>4 27 1959</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4/16/1913</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 12 HRS. Hours <u>11</u> Mins.
--------------------	-------------------------------	---	-----------------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laboher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mill</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	--	---	---

13a. FATHER'S NAME <u>Frank Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Smith</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give way or dates of service) <u>W.W. # 11</u>	16. SOCIAL SECURITY NO. <u>W.W. # 11</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise Smith</u>	ADDRESS
--	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 3-6-59, 1959, to 4-27-59, 1959, that I last saw the deceased alive on 4-21-59, 1959, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. C. Howard</u> (Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Vienna, Missouri</u>	23c. DATE SIGNED <u>4-28-59</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/28/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cottage Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Osage County MO</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4-29-59</u>	REGISTRAR'S SIGNATURE <u>Mozelle Hutchison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emile L. Jones</u>	ADDRESS <u>Belle</u>
---	--	--	----------------------

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1959

MAY 5 1959

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 .....  
Student Embalmer

Signed

*Orme H. Jones*

Licensed Embalmer No. \_\_\_\_\_

*4411*

P. O. Address \_\_\_\_\_

*Belle 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 this body is not embalmed, fact should be so stated above.