Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018787
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN Richmond — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 433 S. Thornton — Length of stay in 1b 25 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 433 S. Thornton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle PURVAL Last SMITHEY
4. DATE OF DEATH Month June Day 3 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 31, 1891
9. AGE (In years last birthday) 67 — 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) Livestock trader
10b. KIND OF BUSINESS OR INDUSTRY Livestock trading
11. BIRTHPLACE (City and state or country) Camden, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Smithey
13b. MOTHER'S MAIDEN NAME Brunette Brown
14. NAME OF HUSBAND OR WIFE Nettie Vance
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 Nettie Vance Smithey, Richmond, Mo. Address

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) Liver Cirrhosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) Diabetes Mellitus
DUE TO (c) Anemia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581C

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 5-21-57 to 6-3-59 and last saw ~~her~~ him alive on 6-3-59
Death occurred at 7:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas B. Cook (Degree or title) M.D.
22b. ADDRESS Richmond Mo.
22c. DATE SIGNED 6/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 5, 1959
23c. NAME OF CEMETERY OR CREMATORY Craven Cemetery
23d. LOCATION (City, town, or county) (State) Camden, Mo.

24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 6-6-1959
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 embalmed by me, ... , Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lewan Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.