t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-022307
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 251 Primary Registration District No. Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Parnell — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Family home — Length of stay in Institution 12 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Parnell — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First PAUL Middle WILLIAM Last SMITH
4. DATE OF DEATH Month 6 Day 16 Year 59
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9/27/01
9. AGE (In years last birthday) 57 — 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) Farmer-retired
10b. KIND OF BUSINESS OR INDUSTRY Own account
11. BIRTHPLACE (City and state or country) Gravity, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Smith
13b. MOTHER'S MAIDEN NAME Eva Melton
14. NAME OF HUSBAND OR WIFE Faye Sparks Smith
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.
17. INFORMANT Address Mrs. Faye Smith, Parnell, 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) Manifestable Sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Feb 16-59, to 6/16/59 and last saw him alive on 6-15-59.
Death occurred at 1:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. O.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 6/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/18/59
23c. NAME OF CEMETERY OR CREMATORY Orrsburg Cem.
23d. LOCATION (City, town, or county) (State) Parnell, Mo.

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 6-17-59
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

## 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 John W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville M

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.