

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024446
STATE FILE NUMBER

FILED VS JUL 24 1959

Registration District No. 5-9 Primary Registration District No. _____ Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>CASS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>NEBRASKA</u> COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West DOLAN Twnsp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>POLK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Line Mo</u>		Length of stay in 1b <u>1 day</u>	d. STREET OR ADDRESS <u>826</u>		(If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>HENRY</u> Last <u>SMITH</u>			4. DATE OF DEATH <u>7-8-1959</u> Month _____ Day _____ Year _____		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-18-1887</u>	9. AGE (In years Jan birthday)	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) <u>TRUCKER RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET.</u>	11. BIRTHPLACE (City and state or country) <u>BRADSHAW, NEB.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FREDRICK SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>CYNTHIA ANN NORTON</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELLEN SMITH</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>505-42-2347</u>	17. INFORMANT Address <u>MARY ELLEN SMITH POLK NEB.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			4201		
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 _____ Month, Day, Year a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 _____ to _____ and last saw her Death occurred at <u>6:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Plummet Hill</u>		22c. DATE SIGNED <u>7/10/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) <u>POLK NEBRASKA</u> (State)
24. FUNERAL DIRECTOR <u>RUNYAN FUNERAL HOME</u> ADDRESS <u>housiburg, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-59</u>		26. REGISTRAR'S SIGNATURE <u>MaRay Sebee</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

HEALTH DEPARTMENT
CASS COUNTY
JUL 20 1935

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 *Gerald E. White*

Licensed Embalmer No. *4956*

P. O. Address *Spaulding, Ks.*

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.