

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027997

FILED VS AUG 24 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 254

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville, Mo.</b>		Length of stay in lb	c. CITY OR TOWN <b>Rural</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5mi. N.E. Bethel, Mo.</b>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Charles</b>	Middle <b>Raymond</b>	Last <b>Smith</b>	Month <b>Aug.</b>	Day <b>13,</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 14/13</b>	9. AGE (last birthday) <b>45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Shelby Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Elmer Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Baker</b>		14. NAME OF HUSBAND OR WIFE <b>Lois Smith</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>494-07-8206</b>	17. INFORMANT <b>Judy Smith, Bethel, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Anterior myocardial infarction</b>		<b>22 days.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Coronary thrombosis</b>	<b>Unknown</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	

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 <b>Shelbyville, Missouri</b>	COUNTY <b>Shelby</b> STATE <b>Missouri</b>
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21. I attended the deceased from **7-22-59** to **8-13-59** and last saw ~~her~~ <sup>him</sup> alive on **8-12-59**  
 Death occurred at **7:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. D. McClure</i> (Deceased or title) <b>H. D. McClure, D.O.</b>	22b. ADDRESS <b>711 W. Jefferson, Kirksville, Missouri</b>	22c. DATE SIGNED <b>8/20/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 16/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, village, etc.) <b>Shelbyville, Missouri</b> (State)
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24. FUNERAL DIRECTOR <b>C.W. Musgrove, Bethel, Missouri</b>	ADDRESS <b>Bethel, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>8-21-1959</b>	26. REGISTRAR'S SIGNATURE <i>Dona W. Ratliff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY: AFFIDAVIT OF

AUG 25 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. W. Musgrave

Licensed Embalmer No. 2719  
P. O. Address Bethel, 7

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.