

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014443

FILED VS APR 19 1960

369

Primary Registration District No.

5759

Registrar's No.

7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Caldwell Twp		Length of stay in 1b 50 Yrs		c. CITY OR TOWN New Bloomfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D.# 2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Earl Smart				4. DATE OF DEATH Month Day Year April 10 1960							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/12/1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (City and state or country) New Bloomfield, Mo			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Edmund Glover Smart				13b. MOTHER'S MAIDEN NAME Alice Cheatham				14. NAME OF HUSBAND OR WIFE Gertrude			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 490-40-4334				17. INFORMANT Address Mrs. Osa Maddox, New Bloomfield			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH Hours 3 years			
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"/> N. <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 a.m. 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				COUNTY STATE			
21. I attended the deceased from <u>Nov 1959</u> to <u>present</u> and last saw her <u>Jan 15, 1960</u> alive on Death occurred at <u>April 5:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) James E. Hill, MD						22b. ADDRESS Fulton, Mo				22c. DATE SIGNED 4-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr, 12, 1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery				23d. LOCATION (City, town, or county) (State) Rural, Callaway Co MO			
24. FUNERAL DIRECTOR ADDRESS Hallace Funeral Home, Fulton, Mo				25. DATE RECD. BY LOCAL REG. Apr 13-60				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 21 1966

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 A. R. Massey

Licensed Embalmer No. 4996
P. O. Address Fulton, Ga.

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.