

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 20 1960

60-016406

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 57

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MO b. COUNTY PIKE									
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 55 YRS		c. CITY (If outside, give location) LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If NOT in hospital, give location) BUFFALO ST.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		STREET ADDRESS (If outside, give location) BUFFALO ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JAMES Middle HENRY Last SMITH				4. DATE OF DEATH Month APRIL Day 11 Year 1960									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-23-1869		9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER JACK			10b. KIND OF BUSINESS OR INDUSTRY TIMBER			11. BIRTHPLACE (City and state or country) CLAREMONT ILL			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME OLIVER SMITH				13b. MOTHER'S MAIDEN NAME UN KNOWN				14. NAME OF HUSBAND OR WIFE DELLA JENNINGS SMITH					
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. NONE		17. INFORMANT Harry Smith, Louisiana, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Organic Heart Disease DUE TO (c) Rheumatism? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypochromic - Hypo erythrocytemia										INTERVAL BETWEEN ONSET AND DEATH Just 3 hrs more than 20 yrs			
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 Month, Day, Year a.m. p.m.				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 2/16/60 to 4/7 or 8/60 and last saw her/him alive on 4/7 or 8/1960 Death occurred at 3:40 A on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree, or title) Charles P. Lewellen						22b. ADDRESS M.D. Louisiana, Missouri				22c. DATE SIGNED 4/12/60			
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL		23b. DATE APR. 13, 1960		23c. NAME OF CEMETERY OR CREMATORY RIVER VIEW CEM				23d. LOCATION (City, town, or county) (State) LOUISIANA MO.					
24. FUNERAL DIRECTOR GEO. M. COLLIER, Louisiana, Mo					25. DATE RECD. BY LOCAL REG. April 13, 1960		26. REGISTRAR'S SIGNATURE Kernice Collier						

BY AFFIDAVIT OF

Handwritten notes in the top left corner, including "1917" and other illegible scribbles.

Large handwritten text in the center, possibly a name or address, mostly illegible due to blurring.

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 Geo. M. Collier

Licensed Embalmer No. 383

P. O. Address Louisiana

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.