URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 11 1960

-60-033687

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 291

ENDED

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 12 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Kirksville Osteopathic — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Macon
c. CITY OR TOWN: Elmer — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charley — Middle: Swanson — Last: Smith

4. DATE OF DEATH: Month: September — Day: 28 — Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 15 1896
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months 3, Days 14 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Elmer Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Fred Smith
13b. MOTHER'S MAIDEN NAME: Emmer Herrin
14. NAME OF HUSBAND OR WIFE: Lora Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I One
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lora Smith — Address: Elmer Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignant hypertension — unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Sept 16 1960, to Sept 28 and last saw him alive on Sept 28
Death occurred at 11 55 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. T. Gutensohn DO
22b. ADDRESS: Kirksville Mo
22c. DATE SIGNED: 9-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 1 1960
23c. NAME OF CEMETERY OR CREMATORY: Elmer
23d. LOCATION (City, town, or county) (State): Macon County Missouri,

24. FUNERAL DIRECTOR: W. H. McCollum — ADDRESS: South Gifford Mo
25. DATE RECD. BY LOCAL REG.: 10-3-1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

M. T. GUTENSOHN, D.O.

OCT 11 1960

NOV 1960

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 W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.