

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042453

FILED VS NOV 18 1960 157

Registration District No. 3028 Primary Registration District No. 221 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 5 days	c. CITY OR TOWN Carthage Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joe Lester Smith			4. DATE OF DEATH Month Day Year Nov. 7, 1960
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1920
9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer, machinist		10b. KIND OF BUSINESS OR INDUSTRY bedapring fact.	11. BIRTHPLACE (City and state or country) Halltown Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Gladys Small
14. NAME OF HUSBAND OR WIFE Marjorie 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. 493-16-4163
17. INFORMANT Mrs. Joe Smith		Address Rte. 2, Carthage	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic nephrosis DUE TO (b) Diabetes mellitus DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 years 20 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"/> 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 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 11/2/60 to 11-7-1960 and last saw her/him alive on 11/7/60 Death occurred at 2:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles L. Schell M.D.		22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 11/8/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 10, 1960	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo.
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 11-9-60	26. REGISTRAR'S SIGNATURE Wm. Clutman

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Melvin C. Garrett, Student Embalmer No. 605
working under my personal supervision.

Student Melvin C. Garrett Signed Edwin S. Shaver
Signature of Student Embalmer

Licensed Embalmer No. 4955

P. O. Address Barthman

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.