

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048421

STATE FILE NUMBER

FILED VS JAN 3 1961 324 Primary Registration District No. 6093 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 9 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4409 Roanoke Pkwy.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bernard Middle Paul Last Smith			4. DATE OF DEATH Month 12 Day 30 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-7-1943	9. AGE (last birthday) 17	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and state or country) Ancon, Panama Canal		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Milton R. Smith			13b. MOTHER'S MAIDEN NAME Molly Stockmeyer		14. NAME OF HUSBAND OR WIFE ----	
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 Records of Marshall State School & Hosp., Marshall, 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) Broncho-pneumonia						INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Congenital, spastic, paralytic invalid					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 4-1-1959 to 12-30-1960 and last saw him alive on 12-30-1960 Death occurred at 1:05 p. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE A. B. Day, M.D. <i>A. B. Day</i>			22b. ADDRESS Marshall State School & Hosp., Marshall, Mo.		22c. DATE SIGNED 12-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-1960		23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri
24. FUNERAL DIRECTOR Sweeney-Reser Funeral Home Marshall, Mo.			25. DATE RECD. BY LOCAL REG. 12-31-60		26. REGISTRAR'S SIGNATURE <i>Carl G. Reed</i>	

DOCUMENT

MEDICAL CERTIFICATION

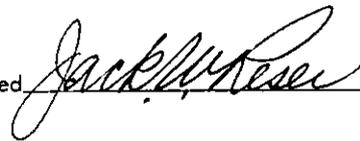
BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4643
P. O. Address Marshall, TN

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.