

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006128
STATE FILE NUMBER

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

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED VS FEB 16 1961

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana
Length of stay in 1b 3 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION # 35 Ordonia
Inside Limits Yes No d. STREET ADDRESS (If outside, give location) # 35 Ordonia
Reside on Farm Yes No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Louisiana
Inside Limits Yes No d. STREET ADDRESS (If outside, give location) # 35 Ordonia
Reside on Farm Yes No 3. NAME OF DECEASED (Type or print) First Middle Last
John Tolson Smith
4. DATE OF DEATH Month Day Year
Jan 29 1961
5. SEX Male
6. COLOR OR RACE White
7. Married Never Married
Widowed Divorced
8. DATE OF BIRTH 9/25/1901
9. AGE (last birthday) 59
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) Maintenance
10b. KIND OF BUSINESS OR INDUSTRY Hercules Pwdr. Co. Fayette Mo.
11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Paul Smith
13b. MOTHER'S MAIDEN NAME Josephine Tolson
14. NAME OF HUSBAND OR WIFE Catherine Patton Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
17. INFORMANT Address
Tolson Smith Jr 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) Carcinoma Left Testicle (Embryonal cell) INTERVAL BETWEEN ONSET AND DEATH one year
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)
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 12-17-59 to 1-29-61 and last saw him alive on 1-29-61
Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) W. Joe Martin, MD
22b. ADDRESS Louisiana, Mo.
22c. DATE SIGNED 1/31/61
23a. BURIAL, CREMATION REMOVAL (Specify) Burial
23b. DATE 1/31/1961
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) (State) Louisiana
24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home Louisiana, Mo.
25. DATE RECD. BY LOCAL REG. 2/13-61
26. REGISTRAR'S SIGNATURE Bruce Collier

FEB 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana 91

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.