

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014352

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 36

AMENDED

FILED APR 17 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Lawrence</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Lawrence</b>
Length of stay in 1b <b>3 Yrs.</b>		c. CITY OR TOWN <b>Aurora</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>113 W. Pleasant</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last  
**WILLIAM R. SMITH**

4. DATE OF DEATH Month Day Year  
**March 31, 1961**

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/5/84</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Ozark Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Mark Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Keener</b>	14. NAME OF HUSBAND OR WIFE <b>Etta Smith</b>
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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  
**Etta Smith Aurora, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY)

PART I. IMMEDIATE CAUSE (a) **Hemorrhage - Purpura Bleu.** INTERVAL BETWEEN ONSET AND DEATH **48 hrs.**

DUE TO (b) **Metastatic Carcinoma of base of brain**

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 **19 38** to **March 31-1961** and last saw him alive on **March 31-1961**

Death occurred at **9:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **A. P. Caperton M.D.** 22b. ADDRESS **Lawrence, Mo.** 22c. DATE SIGNED **4-7-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4/3/61** 23c. NAME OF CEMETERY OR CREMATORY **Masonic Cemetery** 23d. LOCATION (City, town, or county) (State) **Crane, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Arnold's Funeral Home: Aurora, Mo.** 25. DATE RECD. BY LOCAL REG. **APRIL 10, 1961** 26. REGISTRAR'S SIGNATURE **Minnie McNamee Deputy**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James I Crofton  
Licensed Embalmer No. 4668  
P. O. Address Wrona In

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.