SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-040611

STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 5122 Registrar's No. 185

FILED DEC 5 1961

1. PLACE OF DEATH
a. COUNTY Dunklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. COUNTY Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett
Length of stay in 1b 21 Years

c. CITY OR TOWN Kennett
Inside Limits Yes ☐ No XX

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) Rt. 1
Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Robert Middle E. Last Smith

4. DATE OF DEATH Month Nov. Day 21st Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11.10-1893

9. AGE (last birthday) 68

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Swinton Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Smith

13b. MOTHER'S MAIDEN NAME Sarah (Unknown)

14. NAME OF HUSBAND OR WIFE Grace Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX

16. SOCIAL SECURITY NO. None

17. INFORMANT Raymond Smith Address Kennett 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) 1) Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Abdominal

DUE TO (c) 2) Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Chronic Pyelonephritis

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 1950 to Nov 21, 1961 and last saw him alive on Nov-21-61

Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E. Clements (Degree or title) M.D.

22b. ADDRESS Kennett Mo.

22c. DATE SIGNED 11-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11.24-61

23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery

23d. LOCATION (City, town, or county) Kennett (State) Mo.

24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo.

25. DATE RECD. BY LOCAL REG. 11-27-61

26. REGISTRAR'S SIGNATURE Earl Hardison

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.