

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041969

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 53

AMENDED

FILED NOV 27 1961

DATE AMENDED

BY AFFIDAVIT OF

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DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. James</u>		c. CITY OR TOWN <u>ST. James</u>	
Length of stay in 1b <u>3 mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT-home</u>		d. STREET ADDRESS (If outside, give location) <u>-</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>J.</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>11</u> Day <u>17</u> Year <u>1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1877</u>
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Relaxed Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Samuel Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Emley Newbold</u>		14. NAME OF HUSBAND OR WIFE <u>Clara M. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		17. INFORMANT <u>Herbert Smith (son) Kirkewood 22 Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Artery & Coronary</u> DUE TO (c) <u>-</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____, to _____ and last saw him ^{her} <u>11-17-61</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>6:30 PM</u>			
22a. SIGNATURE (Degree or title) <u>Ruth B. Powell Registrar</u>		22b. ADDRESS <u>St. James Missouri</u>	22c. DATE SIGNED <u>11-17-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memoria Pk. Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis MO.</u>
24. FUNERAL DIRECTOR <u>Oral E. Lichliter - St James, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-17-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1962

MAR 30 1962

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

Student _____
Signature of Student Embalmer

Signed Ora E Licklider

Licensed Embalmer No. 3546

P. O. Address St James 7A

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.