

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031948

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 153

VS 300  
Rev. 4/59

10781

20785

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p><b>FILED SEP 5 1962</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Pemiscot</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti ? Mo.</u> Length of stay in lb <u>1 Day</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayti Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u></p> <p>c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Play Ground Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Mickey</u> Middle <u>Ray</u> Last <u>Smith</u></p>		<p>4. DATE OF DEATH Month <u>Aug.</u> Day <u>21</u> Year <u>1962</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>7-1-1962</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>None</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Osceola, Ark.</u></p>
<p>13a. FATHER'S NAME <u>John D. Smith</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Mary Faye Lowerary</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	<p>17. INFORMANT Address <u>John D. Smith Caruthersville, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Malnutrition - dehydration</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. )</p> <p style="text-align: center;">DUE TO (b) <u>vomiting &amp; diarrhea</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		<p>20f. CITY, TOWN, OR LOCATION _____</p>	<p>COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <u>Alvin M. ...</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Caruthersville, Mo</u></p>	<p>22c. DATE SIGNED <u>8-23-62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>8-22-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cem.</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>LaForge Undertkg. Co. C'ville, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>8-27-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Paul C. Dean

Licensed Embalmer No. 3941

P. O. Address Camden, N.J.

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.