

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035281

STATE FILE NUMBER

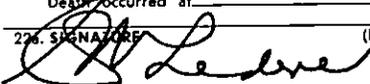
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 142

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Simpson Township</b>		Length of stay in 1b <b>9 yrs.</b>	c. CITY OR TOWN <b>Warrensburg</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD #2 Warrensburg</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD #2</b>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>I.</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>12</b> Year <b>1962</b>	
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>12/16/95</b>
9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>66</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Yeoman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. NAVY</b>	11. BIRTHPLACE (City and state or country) <b>Boston, Mass.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>A. M. Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna Nottingham</b>		14. NAME OF HUSBAND OR WIFE <b>Lutie Long Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1913 to 1953</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Lutie Long Smith, Warrensburg, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
DUE TO (b) <b>Arteriosclerotic heart disease</b>			<b>years</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. <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 <b>8-29-61</b> Month, Day, Year <b>8-29-61</b> a.m. <b>1:15 P.</b> p.m.	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 <b>Warrensburg, Missouri</b>
20g. COUNTY	20h. STATE	21. I attended the deceased from <b>8-29-61</b> to <b>9-19-61</b> and last saw her/him alive on <b>9-19-61</b> Death occurred at <b>1:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE  (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Warrensburg, Missouri</b>	22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/15/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arlington National Cemetery Arlington, Va.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 13, 1962</b>	26. REGISTRAR'S SIGNATURE 	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 10510  
 20510  
 3  
 4 G  
 5 1  
 6  
 7 1  
 8 0  
 94200  
 10  
 11  
 1290-0  
 131-0  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 31 1962  
DEC 4 1962  
DEC 6 1962  
APR 26 1963  
MAY 7 1963

**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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.