

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043188

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 227

FILED DEC 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reeds (SARCOXIE)		Length of stay in lb 63 years	c. CITY OR TOWN Reeds		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1, Reeds, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1			
3. NAME OF DECEASED (Type or print) FLOYD WILLIAM SMITH			4. DATE OF DEATH Month Nov Day 28 Year 1962			
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1899	9. AGE (last birthday) 63	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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) Jasper Co., Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac Smith		13b. MOTHER'S MAIDEN NAME Lucreta		14. NAME OF HUSBAND OR WIFE Betty McDonald Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Betty Smith Address Reeds, Mo R 1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 30 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) tuberculosis (former patient at State Sanitarium, Mt. Vernon, Mo)					unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arthritis					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 a.m. p.m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 did not attend			and last saw ^{her} _{him} live on			
Death occurred at 8:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE WJ Clinton (Degree or title) Local Registrar		22b. ADDRESS 1232 Grand, Carthage, Mo		22c. DATE SIGNED 11-29-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-2-1962	23c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery	23d. LOCATION (City, town, or county) Jasper Co	23e. STATE Mo		
24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS Carthage, Mo		25. DATE RECD. BY LOCAL REG. 11-30-62	26. REGISTRAR'S SIGNATURE WJ Clinton			

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 Frank W. Friel

Licensed Embalmer No. 4440

P. O. Address Carthage 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.