

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002732

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. 5894 Registrar's No. 56

<b>FILED FEB 4 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pine Creek Twp.</u> Length of stay in 1b <u>Life</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
c. CITY OR TOWN <u>ZANONI</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>Pine Creek Twp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
<u>MANUEL JACKSON SMITH</u>	
4. DATE OF DEATH Month Day Year <u>JAN. 26 - 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-10-1870</u>
9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>
11. BIRTHPLACE (City and state or country) <u>Sycamore Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Manuel J. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Workman</u>
14. NAME OF HUSBAND OR WIFE <u>Heith Pilant</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u> )
16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Jimmy Smith Shelbyville Ill.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 MO</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Rheumatoid arthritis</u>	
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 s.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 <u>Jan 10, 1962</u> to <u>Jan 26, 1963</u> and last saw her/him alive on <u>Jan 25, 1963</u> Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>M. J. Hoerman DD</u>	22b. ADDRESS <u>Lanesville, Mo.</u>
22c. DATE SIGNED <u>1-31-63</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-29-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Martin</u>	23d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Chick Kingbeard Lanesville</u>	25. DATE RECD. BY LOCAL REG. <u>1-31-63</u>
26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 7/59

6770

2770

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94344

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1290-2

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1831 C. 3. 3. 7. 4

**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

*John R. Carey*

Licensed Embalmer No. 4885

P. O. Address Geneville 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.