MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016488

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 77

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0495
2 0495 2
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 6 1963

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City — Length of stay in 1b 60 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jane Chinn Hospital — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 624 N. Devon St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Oral Middle E. Last Smith

4. DATE OF DEATH Month April Day 27, Year 1963

5. SEX Male
6. COLOR OR RACE White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 10-11-1890
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Modoc, Indiana
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Smith
13b. MOTHER'S MAIDEN NAME Mary Sickles
14. NAME OF HUSBAND OR WIFE Mrs. Pauline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Pauline Smith Address 624 N. Devon St. Webb City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bowel Obstruction — 7 days
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 4-17-63, to 4-27-63 and last saw ~~her~~ him alive on 4-27-63
Death occurred at 4:00P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm Wells-Lake D.O.
22b. ADDRESS Webb City, Mo.
22c. DATE SIGNED 4-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-30-63
23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery
23d. LOCATION (City, town, or county) (State) Webb City, Mo.

24. FUNERAL DIRECTOR ADDRESS Johnston-Simpson, Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 4-30-63
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.