

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016776

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Register District No. 206 Primary Registration District No. 5744 Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 30 1963

VS 300
Rev. 4/59

1 0620

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		Length of stay in 1b 20 YRS		c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RURAL ROUTE 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RURAL ROUTE 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last FRANCIS FREDERICK SMITH				4. DATE OF DEATH Month Day Year APRIL 21, 1963									
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 3-2-1907		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min. 1 19		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) ST. GENEVIEVE Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME FRANK T. SMITH				13b. MOTHER'S MAIDEN NAME MARY C. LUNSFORD		14. NAME OF HUSBAND OR WIFE ELSIE L. SMITH							
15. WAS DECEASED EVER IN U.S.-ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES W.W.II				16. SOCIAL SECURITY NO.		17. INFORMANT ELSIE L. SMITH, Fredericktown, Mo. Address Rural Route 2							
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 1/15 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										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			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).													
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 _____ to _____ and last saw ^{her} him alive on _____ Death occurred at UNKNOWN P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Ray Wilson Corner						22b. ADDRESS Fredericktown Mo			22c. DATE SIGNED 4-27-63				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-27-63		23c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MADISON County Missouri							
24. FUNERAL DIRECTOR SAM NAJIM, JR., FREDERICKTOWN, MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. 4-27-1963		26. REGISTRAR'S SIGNATURE Frances Gibson					

USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 1963

MAY 8 1963

NOV 5 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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 EAST College
Fredericktown 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.