

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031322

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 604

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 9 1963

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Missouri Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIV. of Mo. MED. CENTER Inside limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN DEEPWATER Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) P.O. Box 73 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last LEON Edmond Smith
4. DATE OF DEATH Month Day Year 9 - 3 - 63
5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 12-8-20 9. AGE (last birthday) 42
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) DAY LABORER
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Eli Smith 13b. MOTHER'S MAIDEN NAME DOTA WALL 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Y
16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Univ. of Mo. Med. Records Columbia, 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) Testicular tumor -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Embryonal cell carcinoma 3 months
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
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 _____ 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 awake to 3 Sept 63 and last saw him alive on 3 Sept 63.
Death occurred at 3:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Thompson MD 22b. ADDRESS University Hosp Columbia Mo 22c. DATE SIGNED 3 Sept 63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-6-1963 23c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery 23d. LOCATION (City, town, or county) (State) Deepwater Mo.

24. FUNERAL DIRECTOR ADDRESS Ezra Spunkle, Columbia Mo. 25. DATE RECD. BY LOCAL REG. Sept 3 1963 26. REGISTRAR'S SIGNATURE Mrs R E Palmer

USE BLACK INK OR TYPEWRITER RIBBON

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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 *Ernest Spunkle*
Licensed Embalmer No. 4013

P. O. Address Columbia 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.