

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033201

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 5962 Registrar's No. 46

FILED AUG 26 1963

VS 300  
Rev. 4/59

1 0830  
2 0830  
3  
4 0  
5 1  
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7 0  
8 2  
9 420.1  
10  
11  
12 91-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall Twn</u>		Length of stay in 1b	c. CITY OR TOWN <u>Weston</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile S. Iatan on Hiway 45</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Weston, Missouri</u>
3. NAME OF DECEASED (Type or print) First <u>Taft</u> Middle <u>SMith</u> Last <u>er</u>		4. DATE OF DEATH Month <u>August</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>1-23-09</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	9. AGE (last birthday) <u>54</u>
11. BIRTHPLACE (City and state or country) <u>Weston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Louis Smither</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa T. Beck</u>	
14. NAME OF HUSBAND OR WIFE <u>June Murphy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of)	
16. NO. <u>39</u>		17. INFORMANT <u>Floyd Smither</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INST.</u>	
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 <u>MARSHALL TWP. PLATTE MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Approx 11 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>Richard M. Liffie, Coroner</u> (Degree or title)	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. ADDRESS <u>Platte City, Mo.</u>	22c. DATE SIGNED <u>8-7-63</u>
23a. DATE <u>8-8-63</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	23c. LOCATION (City, town, or county) <u>Weston, Missouri</u>	23d. (State)
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 8, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.