

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033283

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Primary Registration District No. 6028 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lesterville		Length of stay in 1b 36 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION general delivery		d. STREET ADDRESS (If outside, give location) general delivery	

3. NAME OF DECEASED (Type or print) First REGINALD Middle OSCAR Last SMITH			4. DATE OF DEATH Month July Day 31 , Year 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 6/10/1900	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY general mdse.		11. BIRTHPLACE (City and state or country) Franklin Co. Tenn.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William A. Smith		13b. MOTHER'S MAIDEN NAME Lucy Travis	
14. NAME OF HUSBAND OR WIFE Blanche Organ Smith		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Paul Smith, Lesterville, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) INFARCTION OF MYOCARDIUM DUE TO ARTERIO SCLEROTIC CORONARY THROMBOSIS			ONE WEEK
DUE TO (b) ARTERIOSCLEROSIS, GENERAL			UNKNOWN
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Lesterville, Missouri
21. I attended the deceased from JUNE 9, 1963 to JULY 31, 1963 and last saw him alive on 7-22-63 Death occurred at 6.15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>W. S. Goff</i> (Degree or title)	22b. ADDRESS 507 W. COLLEGE FREDERICKTOWN, MO.	22c. DATE SIGNED 8-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/2/1963	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) Lesterville, Missouri		

24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo. <i>Life H. White</i>	25. DATE RECD. BY LOCAL REG. aug 6 1963	26. REGISTRAR'S SIGNATURE <i>Edna Jarnal</i>
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(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

