

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037274

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 113a

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

| | |
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| FILED OCT 8 1963 | |
| 1. PLACE OF DEATH | |
| a. COUNTY St Charles | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles | a. STATE Missouri b. COUNTY St Charles |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 Clearview Dr | c. CITY OR TOWN St Charles Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | d. STREET ADDRESS (If outside, give location) 200 Clearview Dr Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED | |
| First Merida | Middle Stanton |
| Last Smith | |
| 4. DATE OF DEATH 10/2/1963 | |
| 5. SEX Male | 6. COLOR OR RACE White |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/10/1863 |
| 9. AGE (last birthday) 100 | IF UNDER 1 YEAR IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister | 10b. KIND OF BUSINESS OR INDUSTRY Church |
| 11. BIRTHPLACE (City and state or country) Cookville Tenn. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Joseph Smith | 13b. MOTHER'S MAIDEN NAME Elizabeth Burris |
| 14. NAME OF HUSBAND OR WIFE Idumea Smith | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | 16. SOCIAL SECURITY NO. |
| 17. INFORMANT Mrs Eugene Settle St Charles 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) Cerebral-Vascular Accident | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Atherosclerosis, generalized |
| | 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. <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 _____ a.m. _____ p.m. | 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 St Charles Mo. |
| 20g. COUNTY St Charles | |
| 20h. STATE Mo. | |
| 21. I attended the deceased from 1956 to October 2, 1963 and last saw him alive on September 28, 1963 Death occurred at 10:56 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) Don A. Randall, M.D. | 22b. ADDRESS 220 S. 6th St. Charles Mo. |
| 22c. DATE SIGNED October 2, 1963 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/5/63 |
| 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 23d. LOCATION (City, town, or county) Piedmont Mo |
| 24. FUNERAL DIRECTOR Arthur C Baue St Charles Mo | 25. DATE RECD. BY LOCAL REG. Oct 3 - 1963 |
| 26. REGISTRAR'S SIGNATURE Mabel Junwall Dep. | |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

VS 300
 Rev. 4/59
 10920
 20920
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OCT 9 1963

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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 *Connie L. Robinson*

Licensed Embalmer No. 5789

P. O. Address St. Charles 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.