

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038593

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD  
 AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 233

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED
1 1007	
2 1007	
3	
4 2	
5 2	
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7 1	
8 7	
9 4/201	
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11	
12 90-5	
13 2-0	

**FILED OCT 4 1963**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston,</b>		Length of stay in 1b <b>25 yr.</b>	c. CITY OR TOWN <b>Sikeston,</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>221 Luther</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>221 Luther St.</b>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>xxxxxx</b> Last <b>Smedley</b>		4. DATE OF DEATH Month <b>September</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1.1.1902</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>23</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXXXXX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common Labor</b>	11. BIRTHPLACE (City and state or country) <b>Georgia</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Smedley</b>	
13b. MOTHER'S MAIDEN NAME <b>Clarie Smedley</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT Address <b>Lou Love Sikeston, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Known Cardiac</b> DUE TO (c) <b></b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediately</b>
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 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 <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>	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 <b>First call after death</b> and last saw her/him alive on <b>7:30 A. m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Shelma C. Buelthorpe, M.D. Health Officer</b>		22b. ADDRESS <b>Benton Mo</b>	22c. DATE SIGNED <b>9-30-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>9, 29, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Smith West End Court</b>	23d. LOCATION (City, town, or county) (State) <b>West of Sikeston, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Smith Funeral Home Sikeston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 1 - 1963</b>	26. REGISTRAR'S SIGNATURE <b>Jeanette Waldner</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 28 1963

OCT 10 1963  
OCT 01 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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.

Print name - F-25-03