

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038937

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 778

DO NOT WRITE ON THIS STUB AMENDED

Filled NOV 14 1963	
1. PLACE OF DEATH a. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 39 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
c. CITY OR TOWN Urbana Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. STREET ADDRESS (If outside, give location) Route # 2 Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED First Middle Last (Type or print) Randolph Adam Smith	
4. DATE OF DEATH Month Day Year November 12 1963	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-22-92
9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and laborer	10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Aurora, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME M.W. Smith	13b. MOTHER'S MAIDEN NAME Mary E. Coatney
14. NAME OF HUSBAND OR WIFE Nancy E. Smith	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO.	17. INFORMANT Address Hospital Records, Columbia, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Epidemioid Ca of urinary bladder 6 mos 7 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 Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from 10/4/63 to 10/11/63 and last saw him alive on 10/11/63 Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Galen B. Leach M.D.	22b. ADDRESS Ellis Fischel Hospital
22c. DATE SIGNED 11/12/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/14/1963
23c. NAME OF CEMETERY OR CREMATORY Bowers Chapel	
23d. LOCATION (City, town, or county) Urbana, Missouri	
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Nov 12 1963
26. REGISTRAR'S SIGNATURE Mrs R E Palomen	

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

NOV 19 1963

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STATEMENT BY LICENSED EMBALMER

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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 David Duffy

Licensed Embalmer No. 5249

*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.