

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043168

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 5203 Registrar's No. 121

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0170

2 20120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miami Twp.		Length of stay in 1b Minutes	c. CITY OR TOWN Carrollton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Mi. E. of Carrollton		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) R.F.D. 4
3. NAME OF DECEASED (Type or print) First JAMES Middle CLEMENT Last SMITH		4. DATE OF DEATH Month Nov. Day 20 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 8/26/1894
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Carroll County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Gilbert Smith	
13b. MOTHER'S MAIDEN NAME Luda Haskins		14. NAME OF HUSBAND OR WIFE Alice M. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. 9	
17. INFORMANT Gerald Smith		Address R.4 Carrollton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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.	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	COUNTY STATE
21. I attended the deceased from AT DEATH to _____ and last saw her/him alive on _____ Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George R. Smith, M.D., Cont. Mo.		22b. ADDRESS 10 W. 4 St. Carrollton, Mo.	22c. DATE SIGNED 11/21/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/22/1963	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Carrollton Mo.
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-22-63	26. REGISTRAR'S SIGNATURE Mary Jean

USE BLACK INK OR TYPEWRITER RIBBON

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 Jane F. Nelson
Licensed Embalmer No. 5076

P. O. Address Candler, 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.