

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-046589**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3269

**FILED NOV 20 1963**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis CO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clatton</u>		Length of stay in 1b <u>14 Dya</u>		c. CITY OR TOWN <u>Kirkwood</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis CO. Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1118 ALSOBROOK</u>	
3. NAME OF DECEASED (Type or print) <u>Earsley SMITH</u>			First Middle Last		4. DATE OF DEATH Month <u>10</u> Day <u>21</u> Year <u>63</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>COL.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-9-1912</u>	
9. AGE (last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and state or country) <u>Tenn</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Emp.</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Woodie Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Adie Frame</u>			14. NAME OF HUSBAND OR WIFE <u>ROSEANNA SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>ROSEANNA SMITH 118 ALSOBROOK</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Hepatic Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>haemetic Cirrhosis</u> DUE TO (c) <u>Chronic Alcoholism</u> 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 checked="" 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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>10-7-63</u> to <u>10-21-63</u> and last saw her alive on <u>10-21-63</u> Death occurred at <u>2:50 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John M. Farmer, M.D.</u>				22b. ADDRESS <u>601 So. Brentwood, Clayton, Mo.</u>		22c. DATE SIGNED <u>10-22-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-28-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Crestwood Mo</u>	
24. FUNERAL DIRECTOR <u>John W. Hemphill</u>		ADDRESS <u>408S. Fillmore</u>		25. DATE RECD. BY LOCAL REG. <u>10-24-63</u>		26. REGISTRAR'S SIGNATURE <u>John W. Hemphill</u>	

(Licensed Embalmer's Statement on Reverse Side)

1-1-1954-1-1-1954

**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 Jeffrey E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand

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.