

STANDARD CERTIFICATE OF DEATH

State File No.

32169

BIRTH NO.

REG. DIST. NO.

156

PRIMARY REG. DIST. NO.

2001

Registrar's No.

0447130

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI		b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2912 CONNECTICUT		d. STREET ADDRESS (If rural, give location) 2912 CONNECTICUT					
3. NAME OF DECEASED (Type or Print) a. (First) VIRGIL		b. (Middle) CLAIR		c. (Last) SMITH			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CITY FIREMAN		8. DATE OF BIRTH SEPT. 21, 1897			
13a. FATHER'S NAME W. G. SMITH		13b. MOTHER'S MAIDEN NAME -----GATES		14. NAME OF HUSBAND OR WIFE ALMA M. SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME BILL C. SMITH, 2906 CONNECTICUT			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident				INTERVAL BETWEEN ONSET AND DEATH 27 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive cardio-vascular disease				10 yrs	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/21 , 1953, to Sept 27, 1953 , that I last saw the deceased alive on 9/21 , 1953, and that death occurred at 2:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry K. Weisman M.D.		23b. ADDRESS 718 FRISCO BLDG, JOPLIN		23c. DATE SIGNED 9/29/53			
24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)		24b. DATE 9-30-53		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 10-1-53		REGISTRAR'S SIGNATURE Ed. O. Jasper 138		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

OCT 5 1953

RECEIVED

Jasper County Health Office

County File Number 53-9-1484 801

Date Filed OCT 5 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.