

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

570

STATE FILE NUMBER

Registration District No. **387** Primary Registration District No. **4086** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tina		c. CITY OR TOWN Tina 0170 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS 3 mile S/W (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Robert <i>First</i> Monroe (Jake) Smith <i>Middle</i> Smith <i>Last</i>		4. DATE OF DEATH Jan. 30th 1957 <i>Month</i> <i>Day</i> <i>Year</i>	
5. SEX M	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 Sept. 16, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired farmer.	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 2 Days 14 Hours Min.
11. BIRTHPLACE (City and state or country) Bogard, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Smith,		14. MOTHER'S MAIDEN NAME Mary Ellen Botts.	
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. 500-40-2274	
17. INFORMANT Mrs Goldie Smith, Tina, Missouri. <i>Address</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary Failure & Pneumonia DUE TO (b) Thrombotic Encephalomalacia DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cancer of the Spleen			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19. WAS AUTOPSY PERFORMED? 332XH YES <input type="checkbox"/> NO <input checked="" 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 1-15-57 to 1-30-57 and last saw ^{her} him alive on 1-29-57 Death occurred at Tina, Mo. 5:40P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norman F. Hansen D.O.		22b. ADDRESS Hale, Mo.	22c. DATE SIGNED 2-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb. 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery	23d. LOCATION (City, town, or county) (State) Tina, Missouri
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin, Tina, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 4, 1957	26. REGISTRAR'S SIGNATURE Mrs Reg Henderson

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

19-0

EX-80 1957

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.....
Licensed Embalmer No. 3234

P. O. Address..... Tino, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.