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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957

STATE FILE NUMBER 57-027589
 5129 Registrar's No. 960

Registration District No. 42 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Gower		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Length of stay in 1b 15 Yrs.		d. STREET ADDRESS (If outside, give location) R.F.D.#2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William F. Smith				4. DATE OF DEATH Month Day Year Aug. 29 1957					
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 Jan. 17, 1877		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Buchanan Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA.			
13. FATHER'S NAME Bud Smith				14. MOTHER'S MAIDEN NAME Mary Rowland					
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. +95-07-6243		17. INFORMANT Address Alice Montgomery Gower, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary paroxysmal Congestion 1 yr. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1) Pulmonary emphysema & fibrosis S25X.								INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
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 August 1955 to August 1957 and last saw him alive on August 28, 1957. Death occurred at August 29, 1957 9:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John P. Mabey M.D.				22b. ADDRESS Plattsburg, Mo.			22c. DATE SIGNED Aug 30, 1957		
23a. BURIAL, CREMATION REMOVAL (Specify) burial		23b. DATE Sept. 1, 1957		23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		23d. LOCATION (City, town, or county) (Site) Gower Mo.			
24. FUNERAL DIRECTOR John H. Murray				ADDRESS Gower, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 6, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

(Licensed Embalmer's Statement on Reverse Side)

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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 *Me* Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John H. Murray*
Licensed Embalmer No. *280*

P. O. Address *Gower*

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.

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