

pt. Health,
, & Welfare
S. Public
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FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44129

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5464 Registrar's No. 1161-A

1. PLACE OF DEATH a. COUNTY <u>Breene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Breene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Willard</u>		c. CITY OR TOWN <u>Willard</u> <u>0396</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi North</u>		d. STREET ADDRESS (If outside, give location) <u>4 mi North</u>	
Length of stay in lb <u>Lifetime</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>BENJAMIN</u> Middle <u>HARRISON</u> Last <u>SMITH</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>3</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 13 - 1892</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTH PLACE (City and state or country) <u>Breene Co - Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lerry Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Smith</u>
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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>(none)</u>	17. INFORMANT <u>Effie Smith</u> Address <u>R1 Willard Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. CAUSE WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probably Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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) UNATTENDED BY A PHYSICIAN 4201

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.)
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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 _____
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5:30 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James P. Amos, M.D.</u>	22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>12-9-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WESTLY</u>	23d. LOCATION (City, town, or county) (State) <u>GREENE Co. Missouri</u>
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24. FUNERAL DIRECTOR <u>Bruce - David - Bob Snow - Mo</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>12-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 18 1961

DEC 8 3 1957
DEC 30 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 *Walter L. Samuel*
Licensed Embalmer No. *4702*
P. O. Address *Ash Grove -*

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.