Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006489
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: MiLLeR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ELdoN — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1003-So-Grand — Length of stay in 1b: 13 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: MiLLeR
c. CITY OR TOWN: ELdoN 0661 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1003-So-Grand — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Clarence — Middle Melvin — Last Smith
4. DATE OF DEATH: Month Feb Day 27 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-Oct-1889
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen-Farming
11. BIRTHPLACE (City and state or country): Cole-Co-Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oscar-Smith
14. MOTHER'S MAIDEN NAME: Ida-Wyrick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard-Smith — Address: New-Bloomfield-3

MEDICAL CERTIFICATION

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 26 hrs.
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): 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): None
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year: None
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
20f. CITY, TOWN, OR LOCATION: None — COUNTY — STATE

21. I attended the deceased from Feb 26, 1958 and last saw him alive on Feb 26, 1958
Death occurred at 4 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robt E Murrell D.V.
22b. ADDRESS: ELdoN Mo
22c. DATE SIGNED: 28-Feb-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial-
23b. DATE: 2 March-58
23c. NAME OF CEMETERY OR CREMATORY: ELdoN
23d. LOCATION (City, town, or county): ELdoN (State): Mo

24. FUNERAL DIRECTOR: Keith McKays — ADDRESS: ELdoN-Mo
25. DATE RECD. BY LOCAL REG.: Feb. 28, '58
26. REGISTRAR'S SIGNATURE: A Werretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 4 '58
Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith M. Kaye

Licensed Embalmer No 3 9 9

P. O. Address Eldon

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.