

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006523
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California, Mo 06810		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home- 501 N Rayn				Length of stay in lb 42 Yrs		d. STREET ADDRESS (If outside, give location) 501 N Rayn	
3. NAME OF DECEASED (Type or print) Ernest		First Ernest		Middle Anthony		Last Smith	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 3 1884	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 11 Days 23		IF UNDER 24 HRS. Hours 0 Min. 0		4. DATE OF DEATH Feb 26 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer				10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs		11. BIRTHPLACE (City and state or country) Olean, Mo	
13. FATHER'S NAME Mose Smith				14. MOTHER'S MAIDEN NAME Eliza Hickox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No				16. SOCIAL SECURITY NO. 491-36-6130		17. INFORMANT Lurline Smith Address California, 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							INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis							
DUE TO (c) Epilepsy							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Epilepsy							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 California, Moniteau		COUNTY Mo		
21. I attended the deceased from 1-25-58 to 2-25-58 and last saw ^{the} him alive on 2-25-58		Death occurred at 2:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE RBS [Signature] (Degree or title)				22b. ADDRESS California, Mo		22c. DATE SIGNED 2-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/1/58		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) California, Mo	
24. FUNERAL DIRECTOR Earl Douglas ADDRESS California, Mo			25. DATE RECD. BY LOCAL REG. 3-1-58		26. REGISTRAR'S SIGNATURE Helen L. Popejoy		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, health, welfare, public service, 300, -56, Doctor, Colander, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..... *Jack H. Bowlin*.....

Licensed Embalmer No. *49*.....

P. O. Address *California*.....

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.