

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 causally 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

58-010730
STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELDON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LAKE-OZARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 901-SO. GRAND			Length of stay in 1b 6 mo	d. STREET ADDRESS (If outside, give location) LAKE-OZARK			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edgar Middle Smith Last Smith				4. DATE OF DEATH (Month Day Year) March-6-1958			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 25 Sept 1884		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY Retail		11. BIRTHPLACE (City and state or country) Redditch-ENGLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALfred Smith				14. MOTHER'S MAIDEN NAME SARD-E-Such			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 282-18-308X		17. INFORMANT NURSING-HOME-RECORDS		Address ELDON MO	
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 10 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						4222	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						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.) None				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. None			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None				
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ None				
21. I attended the deceased from June, 1957 to March 5, 1958 and last saw her alive on March 5, 1958 Death occurred at 1:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. D O Z				22b. ADDRESS ELDON, MO		22c. DATE SIGNED 7 March-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY ELDON		23d. LOCATION (City, town, or county) (State) ELDON MO		
24. FUNERAL DIRECTOR Keith M. Kay ADDRESS ELDON			25. DATE RECD. BY LOCAL REG. MAR. 8, 1958		26. REGISTRAR'S SIGNATURE Alvaretta Walt		

RECEIVED

MAR 13 '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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Keith M. Kays*.....

Licensed Embalmer No. *399*

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.