

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013686

STATE FILE NUMBER

58-29

FILED APR 29 1958

Registration District No. 93 Primary Registration District No. 4155 Registrar's No. 58-29

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Everton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Everton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. Central part of town</u>			Length of stay in hospital <u>9mo.</u>	d. STREET ADDRESS (If outside, give location) <u>N. Central part of town</u>	
3. NAME OF DECEASED (Type or print) First <u>Archie</u> Middle <u>Earl</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>25</u> Year <u>1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 15, 1887</u>	9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Dade County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William Franklin Smith</u>			14. MOTHER'S MAIDEN NAME <u>Mary Edna Irish</u>		
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>493-14-4172</u>	17. INFORMANT <u>Mrs. Ernest R. Jones; Everton, Mo.</u>		
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> <u>Coronary artery disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH
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.)		
20c. TIME OF INJURY Hour <u>8:30</u> Month, Day, Year <u>March 1957</u> a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Greenfield, Mo.</u>		
20g. PLACE OF INJURY (State)			20h. COUNTY		
20i. STATE			20j. CITY, TOWN, OR LOCATION		
21. I attended the deceased from <u>March 1957</u> to <u>April 18, 1958</u> and last saw ^{her} him alive on <u>April 18, 1958</u> Death occurred at <u>8:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M. K. Lunde Scheut, D.O.</u>			22b. ADDRESS <u>Greenfield, Mo.</u>		22c. DATE SIGNED <u>4-26-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>
24. FUNERAL DIRECTOR <u>J. C. Canada, Greenfield, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>4-26-1958</u>		26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1958

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 *J. C. Canada*
Licensed Embalmer No. *419*

P. O. Address *Greenfield*

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.