

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014917  
State File No.

FILED APR 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 307

0581

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>22hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>503 Crocker St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/1/58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7/26/1887</u>
9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marceline, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Smith</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>498-24-5057</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vivian Campbell Marceline, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES <u>Megocardial Infarction</u> MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/3</u> to <u>4-1</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>58</u> , and that death occurred at <u>0100A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Spoke Edward</u>		23b. ADDRESS <u>Marceline, MO</u>	23c. DATE SIGNED <u>4-2-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>4/5/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peden Chapel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>
DATE REC'D BY LOCAL REG. <u>4-2-58</u>	REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M Laughlin</u>	ADDRESS <u>Marceline, Mo</u>

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**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 *James B. McChellard*.....

Licensed Embalmer No. *4230*.....

P. O. Address *Brookfield*.....

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.