

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014957

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. 200 Primary Registration District No. 5729 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN TEN MILE TOWNSHIP Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CLARENCE MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION PRR CLARENCE 4 WKS		d. STREET ADDRESS (If outside, give location) Reside on Farm PRR 2 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANGIE Middle O Last SMITH			4. DATE OF DEATH Month APRIL Day 16 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 27 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (City and state or country) MO MACON COUNTY	
13. FATHER'S NAME HAMILTON SMITH			14. MOTHER'S MAIDEN NAME RACHAEL MAY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT WELDON SMITH SHELDON 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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis		2 years.
	DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		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 9:00 A. Month, Day, Year 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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION CLARENCE, MO	COUNTY MACON	STATE MO
21. I attended the deceased from April 11, 1958 to April 16, 1958 and last saw ^{her} him alive on April 16, 1958 . Death occurred at 9:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. B. K. Edrington D.O.		22b. ADDRESS Clarence, Mo.	22c. DATE SIGNED 4-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-20-58	23c. NAME OF CEMETERY OR CREMATORY CHURCH OF THE BRETHREN CEMETERY	23d. LOCATION (City, town, or county) (State) SHELDON COUNTY MO
24. FUNERAL DIRECTOR Chas. V. Neeney		ADDRESS Clarence Mo	25. DATE RECD. BY LOCAL REG. 4/21/58
		26. REGISTRAR'S SIGNATURE Ruth McNeely	

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

0610

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County File No. 45850
Date Filed 4.30.58

MAY 6 1958

MAY 2 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 *Charles D. Greening*

Licensed Embalmer No. 460

P. O. Address *Claremont*

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.