

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017016
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 64

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | c. CITY OR TOWN Lilbourn | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp. | | d. STREET ADDRESS (If outside, give location) _____ | |
| 3. NAME OF DECEASED (Type or print) First Van Middle Oliver Last Smith | | 4. DATE OF DEATH Month 4 Day 2 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 10-17-1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 11. BIRTHPLACE (City and state or country) Tennessee | |
| 13. FATHER'S NAME Eli Smith | | 14. MOTHER'S MAIDEN NAME Minnie Crawford | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 17. INFORMANT Address Joe Smith, Lilbourn, 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) Acute Myocardial Infarction, postmortem type. DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4201 | | | INTERVAL BETWEEN ONSET AND DEATH 7 HRS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1. Shock, Intractable. | | | 19. WAS AUTOPSY PERFORMED? 2 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 _____ 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 COUNTY STATE | |
| 21. I attended the deceased from 4-1-58 to 4-2-58 and last saw her him alive on 4.2.58 Death occurred at 2:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Anders B Smith M.D. | | 22b. ADDRESS Sikeston, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery | |
| 23b. DATE 4-4-58 | | 23d. LOCATION (City, town, or county) (State) Lilbourn, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Ponder Funeral home-Lilbourn, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-7-58 | |
| | | 26. REGISTRAR'S SIGNATURE Miss Ella Hunter | |

(Licensed Embalmer's Statement on Reverse Side)

4270

DATE RECEIVED APR 14 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 458-92

VS NOV 30 1960

VS DEC 9 1950

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 David S. Pender.....

Licensed Embalmer No. 503

P. O. Address Lillbourn.....

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.