Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017261
STATE FILE NUMBER

FILED MAY 27 1958

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY BARRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barry Co. Rest Home — Length of stay in 1b 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~[illegible]~~ MO. b. COUNTY BARRY
c. CITY OR TOWN CASSVILLE — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: CHARLEY Middle: C. Last: SMITH
4. DATE OF DEATH Month: May Day: 19 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Jan. 14, 1883
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: mail clerk
11. BIRTHPLACE (City and state or country): Bloomer, Ark.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John A. Smith
14. MOTHER'S MAIDEN NAME: Dosie Bevins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unkown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unkown
17. INFORMANT: Rest home records. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic nephritis — unknown
DUE TO (c) 592X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954 to 5-19-58 and last saw him alive on 4-21-58
Death occurred at 6:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary Newman, M.D. (Degree or title)
22b. ADDRESS Cassville, Missouri
22c. DATE SIGNED 5-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-20-58
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Cassville, Missouri

24. FUNERAL DIRECTOR: Doyle E. Williamson — ADDRESS: Cassville, Mo.
25. DATE RECD. BY LOCAL REG.: May 20-1958
26. REGISTRAR'S SIGNATURE: Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 558-117

DATE REC. 5-26-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No.....

P. O. Address Cassv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.