

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017411

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 499

5. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 0117		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp.			Length of stay in lb 9 months		d. STREET ADDRESS (If outside, give location) 2822 Olive St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE C. SMITH				4. DATE OF DEATH Month Day Year May 6, 1958					
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 9, 1873		9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 84 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Nathaniel Smith			13b. MOTHER'S MAIDEN NAME Lidia Barrett			14. NAME OF HUSBAND OR WIFE Eula			
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. 570-26-1441		17. INFORMANT Address Mrs. Reba Ward, 2822 Olive, St. Joseph, 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) MASSIVE PULMONARY INFARCT							INTERVAL BETWEEN ONSET AND DEATH 2 DAYS.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) MYOCARDIAL INFARCTION.					INDEF		
DUE TO (c)							4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) A-V Block.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8/25/56 to 5/6/58 and last saw her alive on 5/5/58. Death occurred at 5:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John I. Rogers M.D.				(Degree or title) 0		22b. ADDRESS 307 Kuykendall St. St. Joe, Mo.		22c. DATE SIGNED 5/6/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/9/1958		23c. NAME OF CEMETERY OR CREMATORY Altoona Cemetery			23d. LOCATION (City, town, or county) (State) Altoona, Kansas		
24. FUNERAL DIRECTOR Horton Bowman				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. May 9, 1958		26. REGISTRAR'S SIGNATURE Mr. Clark Goodell	

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 *William Spading*

Licensed Embalmer No. *4635*

P. O. Address *345 S. 10th St. W. Wash.*

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.