

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017799
State File No.

FILED MAY 20 1958

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4194</u>		Registrar's No. <u>205</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>			
c. LENGTH OF STAY (In this place) <u>21 Days</u>				d. STREET ADDRESS (If rural, give location) <u>304 East Cameron Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gentry County Memorial Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Maurice</u>		b. (Middle) <u>Wayne</u>		c. (Last) <u>Smith</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1958</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 21, 1923</u>		9. AGE (In years last birthday) <u>34</u>		10. MONTHS <u>1</u>		11. DAYS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Floyd M Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Cathorine A. Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Marry L. 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>491-30-8874</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marry L. Smith</u>		ADDRESS <u>Albany 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>360X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Gangrene Foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
19a. DATE OF OPERATION <u>4/24/58</u>		19b. MAJOR FINDINGS OF OPERATION <u>amputated Leg below knee, Diabetic Gangrene Foot</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Albany MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>5/10</u>		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>4/16</u> , 19 <u>58</u> , to <u>5/10</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/10</u> , 19 <u>58</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. M. Ommear M.D.</u>				23b. ADDRESS <u>Albany MO</u>		23c. DATE SIGNED <u>5/12/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wessley Capel Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-12-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble & Son New Hampton MO</u>		ADDRESS	

(Licensed Embellisher's Statement on Reverse Side)

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

0380

542

8961 8 NOV

6961 8/11/11

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton Mo

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 this body is not embalmed, fact should be so stated above.