

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017891

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 490

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Galena</u> <u>1048</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns</u>	Length of stay in lb <u>1 week</u>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle Alfred Last Smith

4. DATE OF DEATH Month May Day 9 Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 1890 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 7 Days 29 Hours 64 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri Pacific Station Agent 10b. KIND OF BUSINESS OR INDUSTRY Lunenburg, Ark. 11. BIRTHPLACE (City and state or country) U.S. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph M. Smith 13b. MOTHER'S MAIDEN NAME Elizabeth Banning NAME OF HUSBAND OR WIFE Virginia Smith

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. 702-16-7530 17. INFORMANT Mrs. Virginia Smith - Galena, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction, acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Due to arteriosclerotic coronary thrombosis
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)

INTERVAL BETWEEN ONSET AND DEATH 7 days

20a. ACCIDENT SUICIDE HOMICIDE None 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. None

20d. INJURY OCCURRED WHILE AT 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 May 4 58 to May 9th and last saw him alive on May 9th
Death occurred at May 9th 11:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.D. Rawls, M.D. 22b. ADDRESS 609 Cherry, Springfield 22c. DATE SIGNED 5/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 11-1958 23c. NAME OF CEMETERY OR CREMATORY Galena 23d. LOCATION (City, town, or county) (State) Galena, Mo.

24. FUNERAL DIRECTOR Everett J. Cheatham ADDRESS Galena, Mo. 911 S. 25. DATE RECD. BY LOCAL REG. 5-13-58 26. REGISTRAR'S SIGNATURE Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by affidavit 5/13/58

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.

JUN 6 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 *Ereth J. Cheatham*

Licensed Embalmer No. *3870*
P. O. Address. *Galena 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.