

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020737

STATE FILE NUMBER

FILED MAY 27 1958

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Sutton Grove</u>		c. CITY OR TOWN <u>Sutton Grove</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		d. STREET ADDRESS (If inside give location) <u>417 S. Lake</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 25, 1874</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR: Months <u>5</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Former Ozark Co. MO.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Mr Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Hicks</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Mary Smith</u>		Address <u>Sutton Grove</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service)		16. SOCIAL SECURITY NO. <u>331X</u>	
17. INFORMANT <u>Mrs Mary Smith</u>		Address <u>Sutton Grove</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage Cerebral</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Hypertension</u> DUE TO (c) _____ 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 <u>1956</u> <u>Not known</u>
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Dec 30 1956</u> to <u>May 9, 1958</u> and last saw her alive on <u>4:55</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. C. O. Mountain</u> (Degree or title)		22b. ADDRESS <u>Mountain Grove Mo</u>	
22c. DATE SIGNED <u>5-10-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5-11-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Highland Hillcrest</u>		23d. LOCATION (City, town, or county) <u>Wright MO.</u> (State)	
24. FUNERAL DIRECTOR <u>Frank Winkle</u> ADDRESS <u>Sutton Grove Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-12-58</u> REGISTRY SIGNATURE <u>Bernice A. Silverman</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Placement on Reverse Side)

5/23/58
558-45
CO. HEALTH DEPT.
The Number
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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank Goble*

Licensed Embalmer No. *4140*
P. O. Address *W. H. Brown*

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.