

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021048

STATE FILE NUMBER
613

FILED JUN 16 1958

Registration District No. 42 Primary Registration District No. 1000

Registrar's No.

300
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
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 Troy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp.		Length of stay in lb 6 days	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 Middle Last CHARLES RAY SMITH			4. DATE OF DEATH Month Day Year June 9, 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1936
9. AGE (In years last birthday) 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor	11. BIRTHPLACE (City and state or country) Troy, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Mfg. Co.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nile Smith		13b. MOTHER'S MAIDEN NAME Ina Simpson	14. NAME OF HUSBAND OR WIFE none
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. 509-36-9974	17. INFORMANT Mrs. Ina Smith, Troy, Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>hypertensive vascular disease</i>			INTERVAL BETWEEN ONSET AND DEATH 1 +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atrophic Nephros-sclerosis Bilateral</i>			2 weeks +
DUE TO (c) <i>446X</i>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>5-31-58</i> to <i>6-9-58</i> and last saw ^{her} him alive on <i>6-9-58</i> Death occurred at <i>3:00 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a: SIGNATURE <i>W.C. Sime M.D.</i>		22b. ADDRESS <i>207 Ch + Surg. St Joseph</i>	22c. DATE SIGNED <i>6-10-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/10/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
		23d. LOCATION (City, town, or county) MO (State) Troy, Kansas	
24. FUNERAL DIRECTOR <i>Heaton Bowman</i>		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. <i>June 10, 1958</i>
		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

FEB 26 1959

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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 *Eugene Wood*

Licensed Embalmer No. *3804*
P. O. Address *319 510th St.*

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.