

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021357
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Boonville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pilot Grove</i> 6270
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph Hosp.</i>		Length of stay in lb <i>6 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>1 miles W of Pilot Grove</i>
3. NAME OF DECEASED (Type or print) <i>CHARLES - F SMITH</i>		First Middle Last	4. DATE OF DEATH Month <i>June</i> Day <i>30</i> Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 29, 1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	9. AGE in years (Last birthday) <i>86</i>
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give weapon, dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>4200</i>	14. NAME OF HUSBAND OR WIFE <i>Ada Smith</i>
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>Myo cardiac Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>15 min.</i>
DUE TO (b) <i>Arterio sclerotic Heart Disease</i>			<i>20 yrs</i>
DUE TO (c) _____			<i>4200</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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>8 June 58</i> to <i>30 June 58</i> and last saw her alive on <i>30 June 58</i> Death occurred at <i>5:45 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Uman D. Friedman MD</i>		22b. ADDRESS <i>Pilot Grove, Mo.</i>	22c. DATE SIGNED <i>7-1-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	23b. DATE <i>7-2-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Crematory</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
24. FUNERAL DIRECTOR <i>Boys - Painter, Pilot Grove, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7/1/58</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 2 1 TOP

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 *Lepton E. Hayes*

Licensed Embalmer No. *3074*
P. O. Address: *Pilot Grove*

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.