Health, Welfare Public Service

300
1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

58-023060
STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 258

**1. PLACE OF DEATH**
a. COUNTY: ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL ST. FRANCOIS — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MINERAL AREA OSTEOPATHIC — Length of Stay in this Hospital: 2 Days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: FRANKCLAY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: ------- (If outside, give location) — Reside on Farm: Yes ☐ No ☒

0940

**3. NAME OF DECEASED** (Type or print): First: EDWARD Middle: LESTER Last: SMITH

**4. DATE OF DEATH** Month Day Year: 6-30-58

**5. SEX:** Male 0
**6. COLOR OR RACE:** White
**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐
**8. DATE OF BIRTH:** Nov. 11, 1883
**9. AGE** (In years last birthday): 74
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY:** Auto Fartoryt
**11. BIRTHPLACE** (City and state or country): Washington County, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Micheal Smith
**14. MOTHER'S MAIDEN NAME:** Susan Morris

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1907-1910
**16. SOCIAL SECURITY NO.:** 499-05-8909
**17. INFORMANT** Address: Fred Smith Rivermines, Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute congestive circulatory failure — days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Decompensated heart disease — years
DUE TO (c): Arteriorsclerosis — years
4500

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 ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**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. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ 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 6-29-58 to 6-30-58 and last saw him alive on 6-30-58
Death occurred at 9:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): M. M. Bock D.O. 2
**22b. ADDRESS:** Leadwood, Missouri
**22c. DATE SIGNED:** 7-1-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE:** 7/2/58
**23c. NAME OF CEMETERY OR CREMATORY:** Sunlight Cemetery
**23d. LOCATION** (City, town, or county) (State): Belgrade, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Boyer Funeral Home Leadwood, Mo
**25. DATE RECD. BY LOCAL REG.:** July 1, 1958
**26. REGISTRAR'S SIGNATURE:** Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

289 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 47

P. O. Address Leadwood,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.