

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-024270
 State File No.

FILED JUN 16 1958

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 6102 Registrar's No. 170

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson</u>		c. LENGTH OF STAY (in this place) <u>82 yrs</u>	c. CITY OR TOWN <u>09900</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Jefferson Twn.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle)	c. (Last) <u>Smith</u>
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>
8. DATE OF BIRTH <u>Aug. 20, 1879</u>		9. AGE (In years) <u>82</u> Last birthday: _____ 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) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Crocker</u>	
14. NAME OF HUSBAND OR WIFE <u>Icy Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>497-42-0972A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Lee Smith Memphis, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of Rectum with metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Uremic State</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2 - 22, 19 56</u> to <u>5 - 27, 19 58</u> , that I last saw the deceased alive on <u>5 - 27, 19 58</u> , and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Lowe</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Memphis, Missouri.</u>	
23c. DATE SIGNED <u>5 - 29 - 58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>5-29-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	
24d. LOCATION (City, town, or county) (State) <u>Memphis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vera G. Purner</u> <u>Memphis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-9-58</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vera G. Purner</u> <u>Memphis, Mo.</u>	

8861 08 NMP

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 *Neal Payne*.....

Licensed Embalmer No. *2550*.....

P. O. Address *Memphis*.....

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.