

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024582

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 331

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>STRASBURG</b> 0190
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ELLIS FISCHER STATE CANCER</b>		Length of stay in lb <b>13 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>NONE GIVEN</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>OSCAR WILLIAM SMITH</b>			4. DATE OF DEATH Month Day Year <b>JULY 27, 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 3, 1885</b> 732
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. PAPER HANGER - CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>STRASBURG, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>AMERICAN</b>		13a. FATHER'S NAME <b>GEORGE A. SMITH</b>	
13b. MOTHER'S MAIDEN NAME <b>DORA L. WILLIAMS</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>NONE GIVEN</b>	17. INFORMANT Address <b>HOSPITAL RECORDS - COLUMBIA, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of prostate with generalized metastases.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>177X</b>
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"/> <b>2</b>
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 <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 <b>7-14-58</b> to <b>7-27-58</b> and last saw <sup>him</sup> alive on <b>7-27-58</b> Death occurred at <b>2:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Richard E. Johnson, M.D.</b>		22b. ADDRESS <b>Columbia, Mo</b>	22c. DATE SIGNED <b>7-28-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>7-29-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Pleasant Hill, Mo.</b>
24. FUNERAL DIRECTOR <b>Lyman Sprinkle Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 28 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lynnam H. Sprinkle* .....

Licensed Embalmer No. *4013* .....  
P. O. Address *Columbus, Wis.* .....

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.