

Health,
& Welfare
S. Public
th Service

FILED SEP 15 1958
XC-6884869
REG.#16923

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028382
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 522

S. 300
v. 1-57
0

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CORNING		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 28 DAYS	STREET ADDRESS (If outside, give location) 10 WEST THIRD STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOWARD Middle BERYL Last SMITH			4. DATE OF DEATH Month SEPTEMBER Day 2 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-2-17	9. AGE (In years last birthday) 41	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) DEPUTY CIRCUIT CLERK		10b. KIND OF BUSINESS OR INDUSTRY CITY GOVERNMENT	11. BIRTHPLACE (City and state or country) DATTO, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ERNEST SMITH		13b. MOTHER'S MAIDEN NAME ELLA ADAMS		14. NAME OF HUSBAND OR WIFE MRS. SAMMYE SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANAPLASTIC TUMOR OF THE LUNG WITH GENERALIZED METASTASES.					INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS.
Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163X					
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"/> WORK <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. attended the deceased from Aug. 5, 1958 to Sept. 2, 1958 at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE: C. W. GASKINS, M.D., Chief, Surgical Svc.			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 9-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/58	23c. NAME OF CEMETERY OR CREMATORY Corning Cemetery		23d. LOCATION (City, town, or county) (State) Corning, Arkansas
24. FUNERAL DIRECTOR Russell-Ermert		ADDRESS Corning, Ark.		25. DATE REC'D. BY LOCAL REG. 9/6/58	26. REGISTRAR'S SIGNATURE <i>Russell-Ermert</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

RECEIVED

SEP 11 1958

250780-0
SEP 15 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

MS
JUL 8
1959

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 *L. D. Russell*
Licensed Embalmer No. *3855*
P. O. Address *_____*

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.