

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-031497  
 State File No. ....

FILED AUG 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 96

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

1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SULLIVAN</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>MILAN</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>MILAN</b> <u>1050</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SULLIVAN COUNTY MEMORIAL</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>E.</b> c. (Last) <b>SMITH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 21 - 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>5-5-1870</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Retail clothing salesman</b>	9. AGE (In years last birthday) <b>88</b> IF UNDER 1 YEAR Months <b>3</b> IF UNDER 12 HRS. Days <b>16</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail clothing salesman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JUDSON, MISSOURI</b>
13a. FATHER'S NAME <b>James R. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E Kimbell</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <b>Florence Smith (deed)</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maree Broyles Milan, Mo</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hr</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		<b>10 yr.</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <b>Milan Sullivan Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <b>Aug 20, 1958</b> to <b>Aug 21, 1958</b> , that I last saw the deceased alive on <b>Aug 21, 1958</b> , and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Joseph E. May III MD</b>		23b. ADDRESS <b>712 South 10</b>	23c. DATE SIGNED <b>8/21/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>8-23-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Milan Mo</b>
DATE REC'D BY LOCAL REG. <b>8-23-58</b>	REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schomer Dugan Schomer Milan - Mo</b>	

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.....  
*Dwight Schaefer*

Licensed Embalmer No. *2667*

P. O. Address *Melan Me*

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.