

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031644

STATE FILE NUMBER

FILED SEP 25 1958

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

192

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain						
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) Audrain Hospital			Length of stay in lb 6 days		d. STREET ADDRESS (If outside, give location) 637 W. Robinson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Sylvester				First		Middle		Last Smith		
4. DATE OF DEATH Sept 19 1958		Month		Day		Year				
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 Apr. 12, 1869		9. AGE (In years last birthday) 89		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) Callaway County, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Smith			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Jesse Scott Smith				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 486-12-2135A		17. INFORMANT Mrs. Jesse Smith				Address 637 W. Robinson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 5 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension heart disease		DUE TO (c) Hypertension						
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"/>		
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 a.m. p.m.										
20d. INJURY OCCURRED WHILE AT WORK <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 Sept 13-58 to Sept 19 58 and last saw her alive on Sept 19 58 Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the cause stated.										
22a. SIGNATURE <i>William W. [Signature]</i>				22b. ADDRESS Medice Mo		22c. DATE SIGNED 9-20-58				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21-1958		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, of county) (State) Mexico, Missouri				
24. FUNERAL DIRECTOR Arnold Funeral Home				ADDRESS Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Sept 20 1958		26. REGISTRAR'S SIGNATURE <i>Bonnie Keely</i>		

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

P.W. WANNING, F.A.R.D.N. 00

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 *Leo H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Mexico, Mo.*

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.