

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032515  
STATE FILE NUMBER

FILED OCT 9 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 98

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Iron</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Arcadia Twnshp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Arcadia Twnshp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 mile W. Roselle</b>		Length of stay in lb	d. STREET ADDRESS <b>1/2 mile W. Roselle</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Luther</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>28,</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/23/1899</b>	9. AGE (In years last birthday) <b>59</b>	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) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>	11. BIRTHPLACE (City and state or country) <b>Madison co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Joseph E. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Vandegriff</b>		14. NAME OF HUSBAND OR WIFE <b>Crety Jane Smith</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Alma Pyatt Roselle Missouri</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>Cardiac Decompensation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardio-vascular Disease</b>					
DUE TO (c) <b>Hypertension &amp; arterial sclerosis.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>					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 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>Jan 23 '58</b> to <b>Sept 26 '58</b> and last saw <sup>him</sup> alive on <b>Sept 26, 1958</b> Death occurred at <b>1:15 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Joseph R. Burnett D.O.</b> (Degree or title)			22b. ADDRESS <b>Colasi, Missouri</b>		22c. DATE SIGNED <b>Sept 30 '58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/1/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bismarck, Mo.</b>
24. FUNERAL DIRECTOR <b>White Funeral Home, Linton, Mo.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>10-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Avis Jones</b>	

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.

11-14-58  
by *gweny*  
USE ONLY BLACK INK OR RIBBON IF POSSIBLE

MEDICAL CERTIFICATION

OCT 22 1958

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 MAX NORMAN WHITE, Student Embalmer No. 561 working under my personal supervision.

Student Max N. White  
Signature of Student Embalmer

Signed Max N. White

Licensed Embalmer No. 3012

P. O. Address Leicester, Mass.

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.