

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035128
STATE FILE NUMBER

XC-2 176 772
Reg. 118,151

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2455

300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SCHUYLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN FREDERICK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		d. STREET ADDRESS (If outside, give location) ROUTE #1, BOX 48	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE D. SMITH		4. DATE OF DEATH Month Day Year 9-23-58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-31-88
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) RUSHVILLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give year or dates of service) YES WW-I	16. SOCIAL SECURITY NO. Unknown
17. INFORMANT VA HOSP. RECORDS, JEFF. BRKS. 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) COR PULMONALE Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) TUBERCULOSIS, PULMONARY, FAR ADVANCED, ACTIVE DUE TO (c) PULMONARY EMPHYSEMA	
19. INTERVAL BETWEEN ONSET AND DEATH 4 years		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 11-9-54 to 9-23-58 and was present at death. Death occurred at 9:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Geo. B. Nettom M.D.</i> Geo. B. Nettom M.D.	
22b. ADDRESS VA Hosp. Jeff. Brks. Mo.		22c. DATE SIGNED 9/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/24/58	23c. NAME OF CEMETERY OR CREMATORY Rushville Illinois	23d. LOCATION (City, town, or county) (State) Rushville, Illinois
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i> Herbert R. Donke M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harley R. Juelles Jr*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.