

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035769
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Chariton									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Keytesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.			Length of stay in lb 10 yrs.		d. STREET ADDRESS (If outside, give location) R.F.D.		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last James Isaac Smith				4. DATE OF DEATH Month Day Year 10/9/1958									
5. SEX M O W		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/16/1886		9. AGE (In years less birthday) 72		10. FUNDER 1 YEAR Months Days 2 23		IF UNDER 24 HRS. Hours Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Bynumville, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Thomas Smith				13b. MOTHER'S MAIDEN NAME Mary Jane Fitzgerald				14. NAME OF HUSBAND OR WIFE Betty Mae					
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. 486-18-7171		17. INFORMANT Address Mrs. James Smith Keytesville, 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) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arteriosclerotic Cardiovascular Disease</i> DUE TO (c) <i>4301</i>										INTERVAL BETWEEN ONSET AND DEATH			
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 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 <i>1950</i> to <i>10-10-58</i> and last saw him alive on <i>10-2-58</i> Death occurred at <i>7 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Robert James</i> (Degree or title)						22b. ADDRESS <i>Marceline, Mo</i>			22c. DATE SIGNED <i>10-11-58</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) R		23b. DATE 10/11/58		23c. NAME OF CEMETERY OR CREMATORY Musselfork			23d. LOCATION (City, town, or county) (State) Keytesville, Chariton, Mo						
24. FUNERAL DIRECTOR <i>James M. Langolin</i>				ADDRESS Marceline, Mo		25. DATE RECD. BY LOCAL REG. 10/13-58		26. REGISTRAR'S SIGNATURE <i>H. W. Lawkin</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James B. McClelland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield, N*

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.