

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038697

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 374 Primary Registration District No. 6276 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Worth County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Isadora Missouri	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 1 1/2 miles-northeast		(If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 miles-northeast				Length of stay in lb 2-years			
3. NAME OF DECEASED (Type or print) Rufus Jennings Smith				4. DATE OF DEATH Month October Day 17 Year 1958			
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 August-21-1898	
9. AGE (In years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		9. AGE (In years last birthday) Months 1 Days 28 Hours Min. 	
11. BIRTHPLACE (City and state or country) Denver Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Smith				14. MOTHER'S MAIDEN NAME Mary Yokum			
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. 488-14-7414			
17. INFORMANT Emel Smith				Address Sheridan Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201							
INTERVAL BETWEEN ONSET AND DEATH 12hrs							
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.) 4201			
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 Grant City, Mo		COUNTY STATE 	
21. I attended the deceased from Aug 21 to Aug 21 , 58 and last saw her alive on 21 Aug 58 Death occurred at 11p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE FRANK B. MATTESON M.D.				22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 11/18/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 20-1958		23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Parnett Mo	
24. FUNERAL DIRECTOR John Andrews, Grant City Mo				25. DATE RECD. BY LOCAL REG. Nov. 9. 1958		26. REGISTRAR'S SIGNATURE Leta E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1959

MAR 28 1961

JAN 18 1961

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 48

P. O. Address Grant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.