

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039164
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 552

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>404 Second St</u>			Length of stay in lb <u>50yrs</u>	d. STREET ADDRESS (If outside, give location) <u>404 Second Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Walter</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>Nov</u> , Day <u>24</u> , Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 11. 1890</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Worker</u>	11. BIRTHPLACE (City and state or country) <u>Alpaso Illinois /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James K. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Memarian</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-18-2420</u>	17. INFORMANT Address <u>Mrs Ida Smith Cape Girardeau Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septostatic pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic hypertension</u>					<u>10 yrs</u>		
DUE TO (c) <u>diabetes</u>					<u>?</u>		
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 <u> </u> Month <u> </u> , Day <u> </u> , Year <u> </u> a.m. <u> </u> p.m. <u> </u>	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 <u>Cap Girardeau</u>				COUNTY <u>Mo</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>Nov 23, 1958</u> to <u>Nov 24, 1958</u> and last saw him alive on <u>Nov. 23, 1958</u> Death occurred at <u>10:20AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>George W. Penland MD</u>				22b. ADDRESS <u>46 N Main Cape Girardeau</u>		22c. DATE SIGNED <u>Nov. 26, 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-27-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemt</u>		23d. LOCATION (City, town, or county) (State) <u>Illmo Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>L.L.Haman Cape Girardeau Mo</u>			25. DATE RECD. BY LOCAL REC. <u>Dec. 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>			

DEC 11 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. L. Keman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.