

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039185

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 87

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Carrollton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>East Washington St</b>		Length of stay in lb <b>0171</b>	d. STREET ADDRESS (If outside, give location) <b>American Hotel</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Buel</b> Middle <b>W</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>3rd</b> Year <b>1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 24 1893</b>
9. AGE (In years) <b>65</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b>9</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hale Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) <b>Yes</b> <b>4/21/15/11/21/18</b>		16. SOCIAL SECURITY NO. <b>500-20-5839</b>	17. INFORMANT <b>Earl Deardorff</b> Address <b>Hale Mo</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) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diabetic Seizure</b> Found dead DUE TO (c) <b>Nov. 7, 4 o'clock pm. Estimated time of death Nov. 3</b>			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) <b>260X</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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20g. CITY, TOWN, OR LOCATION	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>James O. Cochran Coroner</b>	
22b. ADDRESS <b>Carrollton Mo</b>		22c. DATE SIGNED <b>11-7-58</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov 8-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hale Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hale Missouri</b>
24. FUNERAL DIRECTOR <b>Clyffard W. Austin F.H.</b>	25. DATE RECD. BY LOCAL REG. <b>11-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Tom Verbeke Calvert</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

no symptoms were related.

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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 [Signature] Licensed Embalmer No. 3233 P. O. Address [Address]

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.