

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040870  
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 248 Primary Registration District No. 4369 Registrar's No.

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Newton</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Newton</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Seneca</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN<br><b>Seneca</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION  |                                  | Length of stay in 1b<br><b>48 yrs</b>   | d. STREET<br>OR<br>ADDRESS<br><b>173</b>  |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Clarence Fisher Smith</b>  |                                  |   | 4. DATE<br>OF<br>DEATH<br>Month Day Year<br><b>Nov. 13, 1958</b>  |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 13, 1980</b>  |   | 9. AGE (In years<br>last birthday)<br><b>78</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Miner</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  | 11. BIRTHPLACE (City and state or country)<br><b>Kentucky</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>A.F. Smith</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Lizzie Revelett</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Lillie Smith</b> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.<br><b>86-01-8757A</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Lillie Smith, Seneca, Mo.</b>   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial failure</b>   |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b><br><b>3 weeks</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary thrombosis</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)  |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m.<br>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 <b>Nov 13 '58</b> and last saw him alive on <b>Nov. 13 '58</b><br>Death occurred at <b>6:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>John B. Roberts D.O.</b>  |                                  |   | 22b. ADDRESS<br><b>Seneca Mo.</b>   |   | 22c. DATE SIGNED<br><b>11/14/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>11/15/58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Seneca Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Seneca Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>W E Bedderson</b>   |                                  | ADDRESS<br><b>Seneca Mo</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>11-18-58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs Irene Russell</b>  |

(Licensed Embalmer's Statement on Reverse Side)

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  
MEDICAL CERTIFICATION

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DEC 2 1958

Date Filed NOV 25 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 *W E Beedle*

Licensed Embalmer No. *2174*  
P. O. Address *Seneca Mo*

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.