

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042275

STATE FILE NUMBER

XC-3041 135

SL 13602

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 11371

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GASCONADE 0370
c. FULL NAME OF (IF NOT in hospital, give location) 35 HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 31 - - - - - Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OREN M. SMITH			4. DATE OF DEATH Month Day Year November 24, 1958
5. SEX MALE <input checked="" type="checkbox"/>	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 1/8/93
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARBOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BROWNVILLE, NEBRASKA /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALEX SMITH	
13b. MOTHER'S MAIDEN NAME LAURA VANCE		14. NAME OF HUSBAND OR WIFE LILLIAN M. SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 488-28-1044	
17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRCULATORY FAILURE DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) ASHD 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) TUMOR OF LEFT TEMPORAL LOBE OF BRAIN			INTERVAL BETWEEN ONSET AND DEATH 14 HRS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 VA		COUNTY STATE	
21. attended the deceased from 11/24/58 to 11/24/58 and last saw him alive on 11/24/58 Death occurred at 2:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE V. A. CODIGA V. A. Codiga		(Degree or title) M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 11/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-25-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Hermann, Mo.	
24. FUNERAL DIRECTOR Blumer Funeral Home, Hermann, Mo.		25. DATE RECD. BY LOCAL REG. NOV 25 '58	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 18 1958

DEC 18 1958

AUG 27 1962

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 *John S. Demme* Licensed Embalmer No. 41940 P. O. Address *St. Louis*

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.