

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044832

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 117 Primary Registration District No. 3040 Registrar's No. 280

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Liveston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Livingsston</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mooresville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Chillicothe Hosp.</u>			Length of stay in lb <u>1 day</u>			d. STREET ADDRESS (If outside, give location) <u>Mooresville</u>	
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>SARFORD</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>12</u> Year <u>1958</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 30, 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Sanford Smith</u>				14. MOTHER'S MAIDEN NAME <u>Flora Cullin</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>491-42-450</u>		17. INFORMANT <u>Bernice E Smith</u> Address <u>Mooresville</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>Pulmonary Embolism</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Catastomy Surgery</u>							
DUE TO (c) <u>Intestinal Obstruction</u>							<u>7 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Adenocarcinoma of recto-sigmoid juncture</u>							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, Day, Year a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>12-12-58</u> to <u>12-12-58</u> and last saw ^{her} him alive on <u>12-12-58</u> Death occurred at <u>8:05 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Juan D. Matney D.O.</u>				22b. ADDRESS <u>Chillicothe Mo</u>		22c. DATE SIGNED <u>12-13-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 15, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mooresville Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Mooresville Mo</u>	
24. FUNERAL DIRECTOR <u>Nease-Pitt's Funeral Service</u>				25. DATE RECD. BY LOCAL REG. <u>12-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Francis B. Nease</u>	

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 W. PITTS Student Embalmer No. 56 working under my personal supervision..

Student John W. Pitts
Signature of Student Embalmer

Signed Dernard F. Mead

Licensed Embalmer No. 280

P. O. Address Draymont

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.