Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002465
STATE FILE NUMBER

JAN 19 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairplay — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION Died in the Yard — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Fairplay — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Alfred Middle: Paul Last: Smith
4. DATE OF DEATH Month: Jan. Day: 15 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug. 31-1871
9. AGE (In years last birthday) 87 — 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) Ret.
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Andrew Jacper Smith
13b. MOTHER'S MAIDEN NAME Lois Strang
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT Mr. Address Mr. Curtis Blair - Aldrich, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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) 4281
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
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~~ viewed the deceased from ✓, to ✓ and last saw her/him alive on ✓
Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sidney F. Pitts (Degree or title) Coroner Polk Co. Missouri
22b. ADDRESS Bolivar, Mo.
22c. DATE SIGNED Jan. 15-59

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial
23b. DATE Jan. 18-59
23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery
23d. LOCATION (City, town, or county) Polk Co. (State) Mo.

24. FUNERAL DIRECTOR Pitts Funeral Home ADDRESS Bolivar, Mo.
25. DATE RECD. BY LOCAL REG. Jan 15, 1959
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(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.

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 Sidney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bolivia, Me

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.