

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006196
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 166 Primary Registration District No. 5604 Registrar's No. 6

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>RFD #3, Montserrat JWP</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Montserrat TWP 0570</i> <i>RFD #3 Warrensburg</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RFD #3</i>		Length of stay in lb <i>25 years</i>	d. STREET ADDRESS (If outside, give location) <i>RFD #3</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>CHARLES AUGUSTUS SMITH</i>			4. DATE OF DEATH Month Day Year <i>February 11 1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>January 8, 1866</i>	9. AGE (In years at birthday) <i>93</i>	IF UNDER 1 YEAR Months Days <i>0 0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and state or country) <i>Sumner, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Theopolis Smith</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Jane (Unk)</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>490-44-6008</i>	17. INFORMANT <i>Emory Dillingham</i>		Address <i>RFD Warrensburg, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <i>1 PM</i> <i>4 PM</i>
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.) <i>443X</i>				
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	COUNTY	STATE	
21. I attended the deceased from <i>Jan 1, 1954</i> to <i>Feb. 11, 1959</i> and last saw him alive on <i>February 11, 1959</i> Death occurred at <i>11:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>Warrensburg, Missouri</i>		22c. DATE SIGNED <i>2-12-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-14-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ellis Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Johnson County, Missouri</i>		
24. FUNERAL DIRECTOR <i>The Brauningers, Warrensburg, Mo.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Feb 14 59</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Causes, manner, etc. must use only standard nomenclature in item 18. No symptoms with or without related. 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 *Richard J. McDonald*

Licensed Embalmer No. *4825*
P. O. Address *Warrenton*

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.