

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006410

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 210 Primary Registration District No. _____ Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Harris		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Harris
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 24 Yrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Marvin Middle Eugene Last Smith			4. DATE OF DEATH Month Feb. Day 17, Year 1959		
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5. SEX Male	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 1906 April 7, 1959	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 10 Days 10 Hours 10 Min.	IF UNDER 24 HRS.
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10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	11. BIRTHPLACE (City and state or country) Weatherford, Okla.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Harold Smith	14. MOTHER'S MAIDEN NAME Pearl Pixler
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. # 2	16. SOCIAL SECURITY NO. 481-09-8928	17. INFORMANT Address Mrs. Thelma Smith - Harris, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 Hrs.
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) 4201		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 _____ a. m. _____ p. m.		
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 1/1/59 to 2/17/59 and last saw him alive on 2/15/59
Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. E. Aspell</i> (Degree or title) ²	22b. ADDRESS Harris, Mo.	22c. DATE SIGNED 2/18/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/18/59	23c. NAME OF CEMETERY OR CREMATORY Half Rock Cemetery	23d. LOCATION (City, town or county) (State) Half Rock, Mo.
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24. FUNERAL DIRECTOR Martin Funeral Home - Princeton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-18-59	26. REGISTRAR'S SIGNATURE <i>W. E. Aspell</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vector, coroner, etc. must use only standard nomenclature in item 10. No symptoms with no history. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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1-56

Health, Welfare
Public
Service

FEB 26 1989

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. Apple*.....

Licensed Embalmer No. 502

P. O. Address Princeton, N.J.

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.