

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008110
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Missouri c. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville, Mo Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN Shelbyville, Mo Inside Limits Yes # No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No #	
Length of stay in lb 2 yrs			
3. NAME OF DECEASED (Type or print) First Joseph Middle Sandiford Last Smith			4. DATE OF DEATH Month Mar. Day 4 Year 1959
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 June 15- 1892
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 8 Days 19 Hours Min. 		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) Knox Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Mathew F. Smith		14. MOTHER'S MAIDEN NAME Celia Christine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-40-1684	17. INFORMANT Mrs Pearl Smith, Shelbyville, Mo. Address

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) Sudden death (Cardiac)		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial disease	
		DUE TO (c) Coronary Sclerosis 4281	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterio Sclerosis, Hypertension, Angina Pectoris		
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 of Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20c. TIME OF INJURY Hour Month, Day, Year 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 Apr 15 1957 to March 1957 and last saw her alive on March 2-1959 Death occurred at 6:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. C. Archer M.D. (Degree or title)	22b. ADDRESS Shelbyville, Mo	22c. DATE SIGNED 3-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Prarie.	23d. LOCATION (City, town, or county) (State) 5mi. N.W. Bethel, Missouri
24. FUNERAL DIRECTOR C.W. Musgrove, Bethel, Missouri. ADDRESS		25. DATE RECD. BY LOCAL REG. Mar 9-59	26. REGISTRAR'S SIGNATURE Ada Garrison

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dissemination of this information is prohibited by law. For more information, contact the Missouri Department of Health, Division of Health, 201 North 1st Street, Jefferson City, Missouri 64501.

APR 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by *[Signature]*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *257*

P. O. Address *Bethel, N.H.*

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.