Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-009102

FILED APR 6 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 348

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Spnfld, — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mercy Hosp. — Length of stay in 1b: 2 1/2 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dallas
c. CITY OR TOWN: Buffalo. 0300 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Wilson Twsp. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Edward — Middle: — Last: Smith

4. DATE OF DEATH: Month: March Day: 31 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 13, 1867

9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months: 3 Days: 18 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Long Island, N.Y.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Elmira Smith

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.: None

17. INFORMANT: Murnell Indermühle — Address: Buffalo, Mo

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): Basilar artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 the deceased from 1 December 1958 to 31 March 1959 and last saw her ~~him~~ alive on 27 March 1959
Death occurred at 3:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis M Maple M.D.

22b. ADDRESS: Springfield, Mo.

22c. DATE SIGNED: 2 April 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): ~~Crem~~ Burial

23b. DATE: Apr. 2, 1959

23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

23d. LOCATION (City, town, or county) (State): Dallas County - Buffalo, Mo

24. FUNERAL DIRECTOR: Montgomery Funeral Home — **ADDRESS**: Buffalo, Mo.

25. DATE RECD. BY LOCAL REG.: 4-3-59

26. REGISTRAR'S SIGNATURE: Effie E. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon H. Viets, Student Embalmer No. 565 working under my personal supervision.

Student Vernon H. Viets
Signature of Student Embalmer

Signed Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Mo

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.