

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011890
STATE FILE NUMBER

MAR 30 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 823

300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN NORMANDY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS 40910 21
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC		Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) 5202 PIERCE
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First EARL Middle FENTON Last SMITH			4. DATE OF DEATH Month MARCH Day 25 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 August 3/1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during past 12 months or if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY MANUFACT. CHEM.	11. BIRTHPLACE (City and state or country) JONES BORO ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME THOMAS J. SMITH	13b. MOTHER'S MAIDEN NAME CORA TOLER	14. NAME OF HUSBAND OR WIFE CLARA SMITH
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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) NO	16. SOCIAL SECURITY NO. 359-01-2532	17. INFORMANT Harold B. Smith Address 19 Margarette Blaine
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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) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bacteremia shock	
	DUE TO (c) Cholangiolitic hepatitis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 58.5X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from 3-16-59 to 3-25-59 and last saw ^{her} him alive on 3-25-59 Death occurred at 2.15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N. DeGardner M.D.	22b. ADDRESS 917 Airport Rd.	22c. DATE SIGNED 3/26/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MARCH 28, 1959	23c. NAME OF CEMETERY OR CREMATORY JONESBORO CEMETERY	23d. LOCATION (City, town, or county) (State) JONESBORO, ILLINOIS
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24. FUNERAL DIRECTOR THE FLORISSANT MORTUARY,	ADDRESS FLORISSANT, Mo.	25. DATE RECD. BY LOCAL REG. 3-26-59	26. REGISTRAR'S SIGNATURE John E. Murphy M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Gene Whitehead*

Licensed Embalmer No. *4966*

P. O. Address *Flourish, 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.