. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014083
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. _____ Primary Registration District No. 3041 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Macon — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Samaritan Hosp. — Length of stay in 1b: 4.5 Days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Macon
c. CITY OR TOWN: Macon 0611 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Hudson St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Isaac — Middle: Simpson — Last: Smith
4. DATE OF DEATH: Month: April — Day: 7 — Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Dec. 16, 1875
9. AGE (In years at last birthday): 83 — IF UNDER 1 YEAR: Months / Days — 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: —
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Hamilton Smith
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Howard Smith — Address: Macon, 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): Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular — Renal disease
DUE TO (c): _____
INTERVAL BETWEEN ONSET AND DEATH: Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Feb. 1959, to April 7 1959 and last saw her/him alive on April 4 1959
Death occurred at 6:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James E. Campbell (Degree or title) M.D.
22b. ADDRESS: Macon Mo
22c. DATE SIGNED: 4/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 9. 1959
23c. NAME OF CEMETERY OR CREMATORY: Bethleham Cem.
23d. LOCATION (City, town, or county) (State): Macon Mo.

24. FUNERAL DIRECTOR: Lester Hutton — ADDRESS: Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 4 30 59
26. REGISTRAR'S SIGNATURE: Ruth M Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed .....

(11)

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.