THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014151

STATE FILE NUMBER 24

FILED APR 23 1959 Registration District No. 210 Primary Registration District No. ..... Registrar's No. .....

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY MERCER
c. CITY OR TOWN MILL GROVE RI 0650 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS WASHINGTON TOWNSHIP (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ORVILLE Middle AARON Last SMITH

4. DATE OF DEATH: Month APRIL Day 10 Year 1959

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒

8. DATE OF BIRTH JAN-9-1888

9. AGE (In years last birthday) 71 — 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. KINDS OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) MERCER CO. MO. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN SMITH

14. MOTHER'S MAIDEN NAME ALICE RITTGERS

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.

17. INFORMANT Address GORDON SMITH MILL GROVE 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) Acute Corinary Thumbosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) c
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 ☐ NO ☐ 0

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 4-10-59, to ..... and last saw her/him alive on .....
Death occurred at approx 1 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas L. Pearce Palmer (Degree or title) 3

22b. ADDRESS Princeton Mo.

22c. DATE SIGNED 4-10-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4-12-1959

23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY

23d. LOCATION (City, town, or county) MERCER CO. MO. (State)

24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME ADDRESS SPICKARD MO.

25. DATE RECD. BY LOCAL REG. 4-10 59

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Ross Wise.....

Licensed Embalmer No. 37

P. O. Address Spickard

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.