

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016872

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 573

300  
-57

1. PLACE OF DEATH -- a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Joseph</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>834 S. 9th St.</b>		Length of stay in lb <b>01/7</b>	d. STREET ADDRESS (If outside, give location) <b>834 S. 9th St.</b>
3. NAME OF DECEASED (Type or print) First <b>THEODORE</b> Middle <b>WESLEY</b> Last <b>SMITH</b>			4. DATE OF DEATH Month <b>May</b> Day <b>28</b> Year <b>1959</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>unknown 1906</b>
9. AGE (In years last birthday) <b>53</b>		10. MONTHS <b>0</b> DAYS <b>0</b> HOURS <b>0</b> MIN. <b>0</b>	9. AGE (In years last birthday) <b>53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Roofing Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Emily Schriber</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>44-052-4269</b>	17. INFORMANT <b>Mrs. Allen Johnston, 702 E. Kansas, St. Joseph, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Natural Causes</b> DUE TO (b) <b>Unattended Death</b> DUE TO (c) <b>Investigated by City Health Dept.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phase condition given in PART I (a) <b>7954</b>			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour <b>9:00a</b> Month <b>May</b> Day <b>28</b> Year <b>1959</b> a.m. <b>9:00a</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St. Joseph Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred on <b>9:00a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE OF HEALTH OFFICER <b>Robert W. Kiebert M.D.</b>		22b. ADDRESS <b>St. Joseph Mo</b>	
22c. DATE SIGNED <b>5-29-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6/1/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>
24. FUNERAL DIRECTOR <b>Heaton-Bowman</b>		ADDRESS <b>St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 2, 1959</b>
		26. REGISTRAR'S SIGNATURE <b>Mr. Clark Goodell</b>	

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.  
Dr. Robert W. Kiebert

6961 0 8 NAR

*Alfred Steuber*

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 *Eugene Wood* .....

Licensed Embalmer No. *3804* .....

P. O. Address *319 5010th St* .....

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.