

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017403

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 578

1. PLACE OF DEATH a. COUNTY Greene County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN R 1 Marionville	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		STREET ADDRESS (If outside, give location) Route 1	
Length of stay in 1b 18 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Everett Lynn Smalley			4. DATE OF DEATH Month Day Year May 23, 1959		
--	--	--	--	--	--

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 Nov. 6, 1895	9. AGE (In years last birthday) 63	10. FUNDER 1 YEAR Months 5 Days 17	11. IF UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	----------------------------------	---------------------------------------	---------------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Operator	10b. KIND OF BUSINESS OR INDUSTRY & Owner	11. BIRTHPLACE (City and state or country) Indian Territory	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	--	--

13a. FATHER'S NAME Grant Smalley	13b. MOTHER'S MAIDEN NAME Mary Ann Owens	14. NAME OF HUSBAND OR WIFE Grace Smalley
-------------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I	16. SOCIAL SECURITY NO. 493-33-9135	17. INFORMANT Mrs. Lynn Smalley	Address Marionville, Mo.
---	--	------------------------------------	-----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pancreatitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Chronic cholecystitis with cholelithiasis - Unknown</i>	
	DUE TO (c) _____	
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 <input type="checkbox"/> NO <input checked="" 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.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
--	---	--	--

21. I attended the deceased from Death occurred at <i>5-5-59</i> <i>11 p.m.</i> to <i>5-23-59</i> and last saw <i>him</i> alive on <i>5-23-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <i>J. B. Surridge</i>	(Degree or title) <i>MD.</i>	22b. ADDRESS <i>Springfield, Mo.</i>	22c. DATE SIGNED <i>5-23-59</i>
---	---------------------------------	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>May 24, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hazelwood Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield, Missouri</i>
---	----------------------------------	---	---

24. FUNERAL DIRECTOR <i>J. B. Surridge</i>	ADDRESS <i>Marionville, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-27-59</i>	26. REGISTRAR'S SIGNATURE <i>Effie & Meeta</i>
---	------------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300
1-57
0
3
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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.

1969 JUN 2

1969 JUN 2

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 *Louis G. Schaefer*

Licensed Embalmer No. *382*

P. O. Address *Springfield*

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.