

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021137

STATE FILE NUMBER

FILED JUL 1 1959

Registration District No. 140

Primary Registration District No. 5546

Registrar's No. 58

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin Township		c. CITY OR TOWN Franklin Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. 1		d. STREET ADDRESS (If outside, give location) R.R. 1 New Franklin	
3. NAME OF DECEASED (Type or print) First Charles Middle Albert Last SMITH		4. DATE OF DEATH Month June Day 18 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Nov. 3, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Howard County, Missouri
13a. FATHER'S NAME William Wallace Smith		13b. MOTHER'S MAIDEN NAME Fannie Agnew Smith	14. NAME OF HUSBAND OR WIFE Smith Kathleen Earickson
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. 497-42-6303	17. INFORMANT Address New Mrs. Kathleen Smith Rt. 1 Franklin
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia			INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension & arteriosclerotic Cardiovascular disease			2 years
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ 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	
21. I attended the deceased from June 1, 1959 to June 18, 1959 and last saw her/him alive on June 18, 1959 Death occurred at 8:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William A. Clark, MD		22b. ADDRESS 329 Main St. Boonville, Mo.	22c. DATE SIGNED 6-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-1959	23c. NAME OF CEMETERY OR CREMATORY Clark's Chapel Cem.	23d. LOCATION (City, town, or county) (State) Howard County, Missouri
24. FUNERAL DIRECTOR Markland - Hall New Franklin, Mo.		25. DATE RECD. BY LOCAL REG. 6-24-59	26. REGISTRAR'S SIGNATURE Mary L. Shell

1959 JUL 9

1959 SEP 17

MS SEP 27 1959

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 *Tom J. Markland*

Licensed Embalmer No. *4592*

P. O. Address *New Franklin*

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.