

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022402

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 98

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Crawford Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tolla</u>		c. CITY OR TOWN <u>Cuba</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Mem. Hosp. Leathwell H.</u>		d. STREET ADDRESS (If outside, give location) <u>280</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Oscar</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>June</u> Day <u>10</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 29, 1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Telephone Co.</u>	11. BIRTHPLACE (City and state or country) <u>Fayette, Mo.</u>
13a. FATHER'S NAME <u>Samuel S. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hackley</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy & Army</u>		16. SOCIAL SECURITY NO. <u>490-09-5775</u>	17. INFORMANT Address <u>None Smith, Cuba, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			
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.) <u>4201</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-10-59</u> to <u>6-10-59</u> and last saw her alive on <u>6-10-59</u> Death occurred at <u>4:45</u> <u>7:15</u> P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas R. Stoops M.D.</u>		22b. ADDRESS <u>Cuba, Mo.</u>	
22c. DATE SIGNED <u>6-12-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Small</u>	23b. DATE <u>6-13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
24. FUNERAL DIRECTOR <u>Frank R. Shanklin</u> ADDRESS <u>Cuba, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 20, 1959</u>	
		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>	

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.

JUN 24 1959

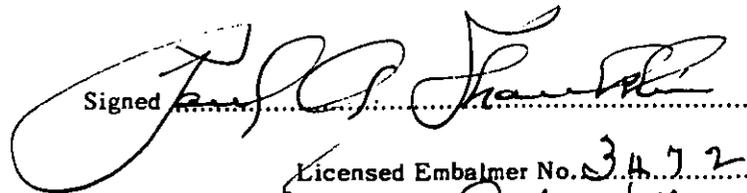
JUN 22 1959

County File Number 13-0-0
Date Filed June 23, 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 

Licensed Embalmer No. 3472
P. O. Address Cuba, 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.