

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022494

STATE FILE NUMBER

FILED JUN 19 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 126

S. 300
1-57

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R.F.D. #1 7 MILE PARIS OF MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.		Length of stay in 1b 5 DAYS	d. STREET ADDRESS (If outside, give location) JACKSON TWP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANK THOMPSON SMOCK			4. DATE OF DEATH Month Day Year JUNE 8, 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 OCT. 11, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min. 7 27 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (City and state or country) MONROE CO. MO, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ED. SMOCK		13b. MOTHER'S MAIDEN NAME LAVISA HEATHMAN		14. NAME OF HUSBAND OR WIFE ELLA MAY SMOCK	
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. 320-24-3003	17. INFORMANT ELLA MAY SMOCK Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) auricular fibrillation with decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (b) arteriosclerotic heart disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		

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 a.m. Month, Day, Year 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 MONROE	COUNTY MONROE	STATE MO
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21. I attended the deceased from **June 3** to **June 8, '59** and last saw him alive on **June 8, 1959**
Death occurred at **11:30 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. M. ...</i>	22b. ADDRESS Moberly, Mo.	22c. DATE SIGNED June 10, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-11-1959	23c. NAME OF CEMETERY OR CREMATORY SHELBINA, MO	23d. LOCATION (City, town, or county) (State) SHELBINA, MO, MO
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24. FUNERAL DIRECTOR E.H. AGNEW SPEED & BLAKEY FUNERAL HOME	ADDRESS PARIS, MO.	25. DATE RECD. BY LOCAL REG. 6-11-59	26. REGISTRAR'S SIGNATURE <i>Paul D. Lowe</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

269-6

JUN 29 1950

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

VS APR 14 1950

Signed *E. H. Magnew*

Licensed Embalmer No. *4000*

P. O. Address *Paris, 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.