

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023754

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1533
FILED JUN 22 1959

300
-57

4000

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>12-25-1869</u>		9. AGE (In years) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>SPRINGFIELD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Balwin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Balwin</u>		4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1959</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>		Length of stay in lb <u>2 yrs.</u>		d. STREET ADDRESS <u>Pine Crest Home</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James M.</u> Middle <u>Smith</u> Last <u>Smith</u>																	
13a. FATHER'S NAME <u>EDWARD Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Lulu BRASHEARS</u>				14. NAME OF HUSBAND OR WIFE <u>Amy Luby Smith</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>489-18-2150</u>				17. INFORMANT <u>H. H. Swingler</u>				Address <u>744C Balfour</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>arterio-sclerotic-cardiac</u> <u>vascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____												INTERVAL BETWEEN ONSET AND DEATH					
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 _____ o.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 <u>3-29-59</u> to <u>6-7-59</u> and last saw her alive on <u>6-2-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <u>Walter M. Kearney M.D.</u> (Degree or title)						22b. ADDRESS <u>7308 Gladys</u>						22c. DATE SIGNED <u>6-8-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>June 10, 1959</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>			23d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>			(State)					
24. FUNERAL DIRECTOR <u>Ortmann F. Home</u>						ADDRESS <u>9222 Lackland</u>			25. DATE RECD. BY LOCAL REG. <u>6-8-59</u>			26. REGISTRAR'S SIGNATURE <u>John C. Murphree M.D.</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Sam Stipanovic....., Student Embalmer No. 578..... working under my personal supervision.

Student Sam Stipanovic.....
Signature of Student Embalmer

Signed Al C. Ostmann.....

Licensed Embalmer No. 3478.....

P. O. Address.....

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.