

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023965

State File No. ....

FILED JUL 8 1959

BIRTH NO. 378 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>MTN. GROVE</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>V.</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14-59</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPT 18, 1888</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HUGGINS MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>RUTH SALLEE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Smith</u>		ADDRESS <u>Mtn. Grove</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Thrombosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>		<u>4 days</u> <u>undetermined</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Apoplexy</u>		<u>3 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	

22. I hereby certify that I attended the deceased from Feb 22, 1959, to June 14, 1959, that I last saw the deceased alive on June 14, 1959, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Mitchem MD</u>		23b. ADDRESS <u>Mtn. Grove, MO</u>		23c. DATE SIGNED <u>6-20-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/17/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WIVES</u>	
24d. LOCATION (City, town, or county) (State) <u>TEXAS CO. MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth Smith</u>		ADDRESS <u>Mtn. Grove</u>	
DATE REC'D BY LOCAL REG. <u>6-30-59</u>		REGISTRAR'S SIGNATURE <u>Bernice L. Silberman</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6961 8 706

6961 8 706

RECEIVED 7-6-59  
WEIGHT HEALTH DEPT.

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..... *RW Barb*

Licensed Embalmer No..... 38

P. O. Address..... *Mt. St. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.