

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024331

FILED VS JUL 22 1959 43

Registration District No. Primary Registration District No. 3007 Registrar's No. 312

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 35 yrs.	c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 503 Cleveland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Frank Last Smith			4. DATE OF DEATH Month June Day 30 Year 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 3-28-01	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Preacher		10b. KIND OF BUSINESS OR INDUSTRY Preaching	11. BIRTHPLACE (City and state or country) Grandin, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Smith		13b. MOTHER'S MAIDEN NAME Martha Gowans		14. NAME OF HUSBAND OR WIFE Pearl Ethel Smith		
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. 490-24-6769	17. INFORMANT Address Pearl Ethel Smith Poplar Bluff, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cardiac Decompensation					2 wks	
DUE TO (b) Coronary Heart Disease					?	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year						
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 59 to 30 June 59 and last saw him alive on 30 June 59 Death occurred at 3:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE W. Brookerson M.D. (Degree or title)			22b. ADDRESS 321 Oak Poplar Bluff Mo 65059		22c. DATE SIGNED 7/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-2-59	23c. NAME OF CEMETERY OR CREMATORY Finch cemetery		23d. LOCATION (City, town, & County) (State) Paragould, Ark.		
24. FUNERAL DIRECTOR Watkins & Sons Dexter, Mo.			25. DATE REC'D. BY LOCAL REG. 7/11/59	26. REGISTRAR'S SIGNATURE H. Kmetz		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

118 7008 64

RECEIVED

JUL 17 1959

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mark Weatheris

Licensed Embalmer No. 4717

P. O. Address Butler 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.