

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030803

FILED VS SEP 4 1959

2 7764

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Syracuse | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp Inc. | | d. STREET ADDRESS Box 97 | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Alfred Middle Meinhardt Last Smith | | | 4. DATE OF DEATH Month August Day 20 Year 1959 | |
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|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 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 3/10/1898 | 9. AGE (last birthday) 61 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent Telegrapher | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) California, Mo. | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME Louis Smith | 13b. MOTHER'S MAIDEN NAME Emma Hecht | 14. NAME OF HUSBAND OR WIFE Ursie Smith |
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| 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. 702-14-4081 | 17. INFORMANT Ursie Smith Address Syracuse, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Infarct and lung abscess, mult. DUE TO (b) DUE TO (c) 465X | | INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 wks |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 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 _____ |
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| 21. I attended the deceased from July 28, 1959 to August 20, 1959 and last saw him/her alive on Aug. 20, 1959 | |
| Death occurred at 9:10 am on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE W. Pennington MD (Degree title) | 22b. ADDRESS 1755 S. Grand Blvd | 22c. DATE SIGNED 8-21-59 (State) |
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|---|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8-23-59 | 23c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery | 23d. LOCATION (City, town, or county) Syracuse, Mo. (State) |
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| 24. FUNERAL DIRECTOR Richards Funeral Home Tipton, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. AUG 2 1959 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. S.P. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Harold K. K...

Licensed Embalmer No. _____
3222

P. O. Address _____
111 - ...

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.