

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-035612

FILED VS OCT 23 1959 77

Registration District No. _____ Primary Registration District No. **3016** Registrar's No. **286**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		Length of stay in 1b	c. CITY OR TOWN Olean 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 St. Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Olean Mo. R.R. #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR ALGIE SMITH			4. DATE OF DEATH Month Day Year Oct. 20-1959			
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 12-10-1887	9. AGE (last birthday) 72 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Knob Noster Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Smith,		13b. MOTHER'S MAIDEN NAME Louise McDaniel		14. NAME OF HUSBAND OR WIFE Lillie Smith,		
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.	17. INFORMANT Address Lillie Smith, Olean Mo.			

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General peritonitis			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Perforation of stomach	?
		DUE TO (c) Colon from carcinoma	
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 Oct 20 / 59 to Oct 20 / 59 and last saw ^{her} him alive on Oct 20 / 59 Death occurred at 2:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) Dean A. Taylor M.D.		23. ADDRESS Jefferson City,		22c. DATE SIGNED 10-21-59
23a. BURIAL, CREMATION, REMOVAL, SPECIFICATION	23b. DATE Burial 10-22-59	23c. NAME OF CEMETERY OR CREMATORY Spring Garden C.F.M.	23d. LOCATION (City, town, or county) Eugene, Mo.	(State)

24. FUNERAL DIRECTOR Stephens Business Bldg	ADDRESS 21 October 1959	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE R.P. Dorris, M.D. Richter, Reg.	
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 2307

P. O. Address *[Handwritten 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.