DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036670
STATE FILE NUMBER

FILED VS OCT 27 1959

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL Twsp.
Length of stay in 1b: 43 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Elmhurst Rest Home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Rural
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1 Webb City
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First George Middle W. Last Smith
4. DATE OF DEATH: Month Oct. Day 17, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-3-1877
9. AGE (last birthday): 82
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): Retired employee S.W.
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Railroad Co.
11. BIRTHPLACE (City and state or country): Hot Springs, Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Linnie Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Linnie Smith Address: Rt. 1 Webb City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhagic cystitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiovascular renal disease — unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-28-58 to Oct. 17, 1959 and last saw ~~her~~ him alive on 10-15-59.
Death occurred at 8:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Ferguson M.D.
22b. ADDRESS Webb City, Mo.
22c. DATE SIGNED 10-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-19-59
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State) Webb City, Mo.

24. FUNERAL DIRECTOR Johnston-Arnce-Simpson ADDRESS Webb City, Mo.
25. DATE REC'D. BY LOCAL REG. 10-19-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Sintzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 20 1959

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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