

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036771

FILED VS OCT 20 1959

172

Primary Registration District No. 4272

Registrar's No. 81

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly;		Length of stay in 1b 10 months	c. CITY OR TOWN Bogard,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS RFD		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWARD Last SMITH			4. DATE OF DEATH Month Oct. Day 16th Year 1959			
5. SEX M	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 2/12/1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 8 Days 4 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 Livestock & Grain		11. BIRTHPLACE (City and state or country) Deargrove, Illinois.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Charles Henry Smith	13b. MOTHER'S MAIDEN NAME Abendorf Mary		14. NAME OF HUSBAND OR WIFE Linda G(Deets) 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. no	17. INFORMANT Address Mrs Linda G. Smith, Bogard, Mo. RFD			
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) Chronic myocarditis					unknown	
DUE TO (b) Arteriosclerosis, generalized					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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
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 12-19-58 to 10-16-59 and last saw ^{her} him alive on 10-16-59			Death occurred at 9:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles Kelling M.D.</i>		(Degree or title)	22b. ADDRESS Waverly, Missouri		22c. DATE SIGNED 10/19/59	
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 10/18/1959	23c. NAME OF CEMETERY OR CREMATORY Memoral Gradens,	23d. LOCATION (City, town, or county) (State) Carrollton, Missouri.			
24. FUNERAL DIRECTOR Clifford W. Austin f-H Tina, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Oct. 19-1959	26. REGISTRAR'S SIGNATURE <i>Lutee Gordon Jordan</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 2 1961

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 
Clifford W. Austin.

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.