

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039233**

FILED VS NOV 23 1959

53

3009

426

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

MEMORANDUM

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u>		c. CITY OR TOWN <u>Jackson</u>	
Length of stay in lb <u>40 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>403 East Main</u>		d. STREET ADDRESS (If outside, give location) <u>403 East Main</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Lee Smith</u>			4. DATE OF DEATH Month Day Year <u>Nov 17 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-17-1888</u>	9. AGE (last birthday) <u>71</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Handle Factory Jackson</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		
13a. FATHER'S NAME <u>F Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline James</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs Mildred Smith Jackson MO</u>	

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 <u>6 hrs</u>
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		
DUE TO (b) <u>Died from</u>		
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 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 11-17-59 4:30 Pm to 11-17-59 10:30 Pm and last saw him alive on 11-17-59  
 Death occurred at 11-17-59 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. J. Scharfman</u>		22b. ADDRESS <u>Jackson MO</u>		22c. DATE SIGNED <u>11-20-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Nov. 20, 1959</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights Jackson</u>	23d. LOCATION (City, town, or county) (State) <u>MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>L.C. Cracraft Jackson MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-1959</u>	26. REGISTRAR'S SIGNATURE <u>Drew Kaster</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 4 1959

MS NOV 24 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 Lymon Steele

Licensed Embalmer No. 2476

P. O. Address Jackson

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.