

FEDERAL BUREAU OF INVESTIGATION

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040627

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 547

UNDECEASED

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 61 YRS	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 310 N. CONNOR AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HARVEY Last SMITH			4. DATE OF DEATH Month NOVEMBER Day 12 , Year 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-28-1877	9. AGE (last birthday) 82	
		IF UNDER 1 YEAR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER - EAGLE-PICHER MNG CO.		10b. KIND OF BUSINESS OR INDUSTRY SARCOXIE, MO.		11. BIRTHPLACE (City and state or country) U.S.A.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOEL SMITH		13b. MOTHER'S MAIDEN NAME MARY BIBLE		
14. NAME OF HUSBAND OR WIFE BERTHA ALLEN SMITH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. UNK		
17. INFORMANT MRS. BERTHA SMITH, 310 N. CONNOR		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Posterior myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 hours		
DUE TO (b) Coronary atherosclerosis		DUE TO (c) _____		2 plus yrs		
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 3-31-59 to 11-12-59 and last saw ^{her} him alive on 11-12-59 Death occurred at 3:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>H. K. Wieman MD</i> (Degree or title)			22b. ADDRESS 301 Medical Arts Bldg Joplin, Mo.		22c. DATE SIGNED 11/17/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-14-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-23-1959	26. REGISTRAR'S SIGNATURE <i>Nooe Merriam</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

696108 AON SA

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.