

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004982

FILED VS MAR 8 1960

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 145 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		c. CITY OR TOWN <u>Fairfax</u>	
Length of stay in 1b <u>17 days</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>Community Hospital</u>		d. STREET ADDRESS (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WESLEY</u> Middle <u>WALTER</u> Last <u>SMITH</u>			4. DATE OF DEATH <u>March 1, 1960</u> Month <u>March</u> Day <u>1</u> Year <u>1960</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>4/4/1892</u>	9. AGE (last birthday) <u>67</u>	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) <u>Retd. R.R. worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section crewman</u>		11. BIRTHPLACE (City and state or country) <u>Albany, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank P. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Farley</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Smith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>707-09-6237</u>		17. INFORMANT Address <u>Mrs. Ethel Smith Fairfax 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
IMMEDIATE CAUSE (a) <u>Lymphocytic leukemia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ 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 <u>4/14/58</u> to <u>3/1/60</u> and last saw <u>him</u> alive on <u>3/1/60</u>		Death occurred at <u>4:35</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Markio Mo.</u>	22c. DATE SIGNED <u>3/2/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/3/1960</u>	23c. NAME OF CEMETERY, OR CREMATORIUM <u>Pleasant Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Fairfax Missouri</u>
24. FUNERAL DIRECTOR <u>Schooler Funeral Home</u>	ADDRESS <u>Fairfax Mo</u>	25. DATE RECD. BY LOCAL REG. <u>March 2, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Marvin H. Schuler</u>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

APR 8 1980

STATEMENT BY LICENSED EMBALMER

APR 6 1980

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 Thermin N. Schaefer

Licensed Embalmer No. 4162
P. O. Address Fairfax, Va

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.