

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007556

FILED VS MAR 14 1960

ENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 112 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia, Mo.</u>		Length of stay in 1b <u>1/2 Day</u>		c. CITY OR TOWN <u>Smithton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>Route #1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mr. Rice</u> Middle <u>Gilkie</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>March</u> Day <u>9</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>9-17-1876</u>	
9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 24 HR Hours <u>23</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer - Land & Cattle</u>		11. BIRTHPLACE (City and state or country) <u>Smithton, Mo RFD. U. S. A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>							
13a. FATHER'S NAME <u>William Rice Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Laura Bohannon</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mayme Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>495-40-3773</u>		17. INFORMANT Address <u>Mrs. R. H. Smith - Smithton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left side Heart Block</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown factor</u> DUE TO (c) <u>Myocardial Degeneration</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u> 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
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>3/4/60</u> to <u>3/10/60</u> and last saw her/him alive on <u>3/10/60</u> Death occurred at <u>6:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. L. Holden MD</u>				22b. ADDRESS <u>1116 W. 3rd Sedalia, Mo.</u>		22c. DATE SIGNED <u>3/11/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-12-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Smithton, Pettis-Missouri</u>	
24. FUNERAL DIRECTOR <u>Merage Funeral Home, Smithton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-11-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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

Clifford Gouge

Licensed Embalmer No.

5014

P. O. Address

Windsor, 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.