

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 1960

-60-009589

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 19

ENDED

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| 1. PLACE OF DEATH a. COUNTY TEXAS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY TEXAS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOUSTON (Bark township) | | c. CITY OR TOWN HOUSTON MO | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE | | d. STREET ADDRESS (If outside, give location) Bark township | |

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| 3. NAME OF DECEASED (Type or print) First BERRY Middle JACKSON Last SMITH | | | 4. DATE OF DEATH Month FEB Day 13 Year 1960 | | |
| 5. SEX M | 6. COLOR OR RACE WHT | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/4/1923 | 9. AGE (last birthday) 86 | IF UNDER 1 YEAR Months 2 Days 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) HOUSTON MO | 12. CITIZEN OF WHAT COUNTRY USA | |

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| 13a. FATHER'S NAME THOMAS SMITH | 13b. MOTHER'S MAIDEN NAME LOU MANLEY | 14. NAME OF HUSBAND OR WIFE ELLEN 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. None | 17. INFORMANT Address BERTHA MCKINNEY - TYRONE. MO |

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| 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 6 hours |
| IMMEDIATE CAUSE (a) Apoplexy | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis | | |
| 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 |

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| 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 _____ | | |

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| 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 1958 to 2/13/60 and last saw ^{her} him alive on 2/7/60 Death occurred at 5:00 PM. m on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE Garrett Long Jr MD (Degree or title) | 22b. ADDRESS Cabool MO | 22c. DATE SIGNED 2/15/60 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE FEB. 15-60 | 23c. NAME OF CEMETERY OR CREMATORY TYRONE |
| 23d. LOCATION (City, town, or county) CITY LIMITS OF TYRONE MO | | |

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| 24. FUNERAL DIRECTOR ADDRESS L. J. Evans Houston, MO | 25. DATE RECD. BY LOCAL REG. Feb. 23-60 | 26. REGISTRAR'S SIGNATURE Myrtle Craig |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Ernest L. Brown*

Licensed Embalmer No. 4764

P. O. Address *W. H. Co.*

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.