URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 22 1960

60-010099

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Docters Hospital
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUN: Butler
c. CITY OR TOWN: Poplar Bluff
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Doctars Hospital
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Dennis Middle Franklin Last Smith

4. DATE OF DEATH: Month Feb. Day 16 Year -60

5. SEX: MALE

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-13-60

9. AGE (last birthday): IF UNDER 1 YEAR: Months, Days 3; IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: Baby

11. BIRTHPLACE (City and state or country): Poplar Bluff, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Clarence Smith

13b. MOTHER'S MAIDEN NAME: Wanda Mayberry

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Clarence Smith Address: Fisk, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 Da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atelectasis Entire Rt Lung — 1 Da
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2/14/60, to 2/16/60 and last saw her/him alive on 2/16/60
Death occurred at 1:16 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur C Parker Jr MD

22b. ADDRESS: Poplar Bluff, Mo

22c. DATE SIGNED: 2/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-17-60

23c. NAME OF CEMETERY OR CREMATORY: Brown Chapel

23d. LOCATION (City, town, or county) (State): Butler County Mo.

24. FUNERAL DIRECTOR: White's Funeral Home ADDRESS: Fisk, Mo.

25. DATE RECD. BY LOCAL REG.: 3/4/60

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NDED

Not Embalmed

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.