

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013900

FILED VS APR 11 1960

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6129 Registrar's No. 38

DED

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Sullivan							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township		Length of stay in 1b Life Time		c. CITY OR TOWN Pollock R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pollock R.F.D.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Jackson Township		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Dean Leroy Smith				4. DATE OF DEATH Month Day Year March 31 1960							
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-15-1936		9. AGE (last birthday) 23			
						IF UNDER 1 YEAR Month Days 10 16		IF UNDER 24 HR Hours Min. 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Manager			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Sullivan County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Roy Smith			13b. MOTHER'S MAIDEN NAME Winnie Elsie Rodgers			14. NAME OF HUSBAND OR WIFE					
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. 491-42-3738		17. INFORMANT Mrs Winnie E. Smith Pollock, Mo. R.F.D.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Disrupted cerebral aneurysm</i>								INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>			
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 <i>Jan 15-60</i> to <i>Mar 31-60</i> and last saw him alive on <i>Mar 31-60</i> Death occurred at <i>5:50 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Chas L. Judd Do</i> (Degree or title)				22b. ADDRESS Unionville, Missouri				22c. DATE SIGNED 4-1-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 3 1960		23c. NAME OF CEMETERY OR CREMATORY Scobee Cemetery		23d. LOCATION (City, town, or county) (State) Pollock, Missouri					
24. FUNERAL DIRECTOR Comstock Funeral Home By <i>J.W. Comstock</i>				25. DATE RECD. BY LOCAL REG. 4-4-60		26. REGISTRAR'S SIGNATURE <i>Mrs. M.W. Beecher</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 25 1960

APR 18

**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 James W. Pomatoch

Licensed Embalmer No. 4197

P. O. Address Unionville,

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.