

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014044

FILED VS APR 18 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 99 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Princeton</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>K.O.H.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Grover</u> Middle <u>Otto</u> Last <u>Smith</u>			4. DATE OF DEATH <u>Apr. 10, 1960</u> Month <u>Apr.</u> Day <u>10</u> Year <u>1960</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/15/1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>F rmer</u>	11. BIRTHPLACE (City and state or country) <u>Decatur Co., Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George W. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Mary I. Frizzell</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>NO</u> unknown) (If yes, give war or dates of service) <u> </u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT <u>Mrs. Ella Metz, Princeton, Mo.</u> Address <u> </u>
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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: IMMEDIATE CAUSE (a) <u>Cancer of the larynx</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u>		
DUE TO (c) <u> </u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>① Emphysema ② Arteriosclerosis (generalized)</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.) <u> </u>
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20c. TIME OF INJURY Hour <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.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from April 7, 1960 to April 10, 1960 and last saw him live on April 9, 1960
Death occurred at 5:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Richard N. Turner</u>	22b. ADDRESS <u>Kirksville Mo.</u>	22c. DATE SIGNED <u>April 11, 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4/10/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Otterbein Cemetery</u>	23d. LOCATION (City, town, or county) <u>Mercer Co., Mo.</u> (State) <u> </u>
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24. FUNERAL DIRECTOR <u> </u> ADDRESS <u>Kirksville, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>4-12-1960</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RICHARDS H. TURNER, D.O.

APR 19 1960

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 George W. Savant

Licensed Embalmer No. 4799

P. O. Address Kirkville

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