

21. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014411

FILED VS APR 18 1960

Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 14

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kingston</u>		Length of stay in 1b		c. CITY OR TOWN <u>Polo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Berry Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>J.</u> Middle <u>Edward</u> Last <u>Smith</u>				4. DATE OF DEATH Month <u>March</u> Day <u>30</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-12-1873</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Fanner</u>		11. BIRTHPLACE (City and state of country) <u>Ray Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>John Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Harriett Herod.</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Smith Doe.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>V</u>		17. INFORMANT <u>Vaughn Smith Polo Mo</u> Address _____			
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>Coronary thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 Hrs.</u>	
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 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 <u>Kingston Caldwell Mo.</u>		COUNTY		STATE
21. I attended the deceased from <u>Jan. 1960</u> to <u>30 Mar 1960</u> and last saw him alive on <u>3-30-60</u> Death occurred at <u>3:30 PM</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Frank R. Daley, Mo</u> (Degree or title)				22b. ADDRESS <u>Hamilton, Mo.</u>			22c. DATE SIGNED <u>4-1-60</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE <u>4-1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill</u>			23d. LOCATION (City, town, or county) <u>Cowgill Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Alexander & Cowley Polo Mo</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>April 13-60</u>		26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Stewart L. Howlett

Licensed Embalmer No. 4924

P. O. Address Polo, Mo

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.