

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016411

FILED VS APR 21 1960

277

Registration District No. 5949 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cuiver</b>		Length of stay in 1b		c. CITY OR TOWN <b>Bowling Green, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>---</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>-----</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Allen</b> Last <b>Smith</b>				4. DATE OF DEATH Month <b>April</b> Day <b>12</b> Year <b>1960</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-23-72</b>	9. AGE (last birthday) <b>88</b>	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) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Shannon Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Smith</b>			13b. MOTHER'S MAIDEN NAME <b>"Dont Know"</b>			14. NAME OF HUSBAND OR WIFE <b>Martha Jennings Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Virgil Smith, Bowling Green, Mo.</b>			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) <b>Hypostatic Pneumonia</b> DUE TO (b) <b>Stroke.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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		COUNTY		STATE
21. I attended the deceased from <b>July 1959</b> to <b>4-12-60</b> and last saw him alive on <b>4-12-60</b> Death occurred at <b>10:30 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>E. P. Hansen</b> (Degree or title)				22b. ADDRESS <b>Frankford Mo.</b>			22c. DATE SIGNED <b>4-13-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green Cemetery</b>			23d. LOCATION (City, town, or county) <b>Bowling Green, Mo.</b>		(State)
24. FUNERAL DIRECTOR <b>Bankhead Funeral Chapel</b> ADDRESS <b>Bowling Green Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4-18-60</b>		26. REGISTRAR'S SIGNATURE <b>Bill Robinson</b>			

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

*Harold Kink*

Licensed Embalmer No. 4591

P. O. Address Bonning

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.