

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-018115

FILED VS APR 18 1960

STATE FILE NUMBER

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 16

| | | | | | | | |
|---|--|---|---|--|--|---|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Vernon | | b. CITY (If outside corporate limits, give TOWNSHIP only) Moundville | | a. STATE Missouri | | b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Moundville | | Length of stay in 1b 7 Months | | c. CITY OR TOWN Moundville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. # 1 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) R.R. # 1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First Ralph | | Middle Elmer | | Last Smalley | | Month Day Year April 11, 1960 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/26/02 | 9. AGE (last birthday) 57 | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | 11. BIRTHPLACE (City and state or country) Loveland, Col. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME James A. Smalley | | | 13b. MOTHER'S MAIDEN NAME Nora Boughton | | 14. NAME OF HUSBAND OR WIFE Ida Smalley | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes | | 16. SOCIAL SECURITY NO. W.W.II 523 18 7995 | | 17. INFORMANT Address Ida Smalley, Moundville, Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cause unknown-died in sleep | | | | | | | |
| 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 March 3, 1960 to March 5, 1960 and last saw ^{her} _{him} alive on March 5, 1960 Death occurred at Moundville, Mo Early A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>L.P. McCann</i> (Degree or title) L.P. McCann, M.D. | | | | 22b. ADDRESS Moore Bldg, Nevada, Mo | | 22c. DATE SIGNED 4/12/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 13 April | 23c. NAME OF CEMETERY OR CREMATORY Welborn Cemetery | | 23d. LOCATION (City, town, or county) (State) Vernon Co. Missouri. | | | |
| 24. FUNERAL DIRECTOR Richard L. Shorten, Nevada. Mo. | | | 25. DATE RECD. BY LOCAL REG. April 15, 1960 | | 26. REGISTRAR'S SIGNATURE <i>Mrs. Ruth Faith</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1967

MAY 8 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 *Robert C. McCall*
Licensed Embalmer No. 4853
P. O. Address *Florida, Fla.*

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.