URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

W Warren — 60-025462

FILED VS JUN 14 1960

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 6089 Registrar's No. 21

ENDED

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ✓: Elmwood Twp. — Length of stay in 1b: Entire Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence-8 miles NE of Sweet Springs — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Elmwood Twp. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 8 miles north-east of Sweet Spring s — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Hugh Middle: William Last: Smith
4. DATE OF DEATH: Month June Day 7 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 12, 1881
9. AGE (last birthday): 79 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas Austin Smith
13b. MOTHER'S MAIDEN NAME: Elizabeth Francisco
14. NAME OF HUSBAND OR WIFE: Cora Lynch
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.: 495-40-3523
17. INFORMANT: Mrs. Cora Smith, Address: Sweet Springs, M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis — 10 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958, to 1960 and last saw her/him alive on 5-4-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. F. Starrett (Degree or title) DO
22b. ADDRESS: Marshall Mo.
22c. DATE SIGNED: 6/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 9, 1960
23c. NAME OF CEMETERY OR CREMATORY: Pisgah Cemetery
23d. LOCATION (City, town, or county) (State): Saline County, Mo.

24. FUNERAL DIRECTOR: L. F. Parker, ADDRESS: Sweet Springs Mo
25. DATE REC'D BY LOCAL REG.: June 9, 1960
26. REGISTRAR'S SIGNATURE: Mary Moseley

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JUN 23 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L. F. Parker

Signature of Student Embalmer

Licensed Embalmer No. 3840

P. O. Address Sweet Spri

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