URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 27 1960 Registration District No. 70 Primary Registration District No. _____ Registrar's No. 47 —60—026218 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clark
c. CITY OR TOWN: Williamstown
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ernest Middle: William Last: Smith
4. DATE OF DEATH: Month: July Day: 19 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-26-1882
9. AGE (last birthday): 78
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): Clark County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Bush Smith
13b. MOTHER'S MAIDEN NAME: Annie Sproat
14. NAME OF HUSBAND OR WIFE: Lola Bruner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-42-5679
17. INFORMANT: Mrs. Lola Smith, Wmtown, Mo. Address:

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): Carcinoma of Brain — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
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. ☐ 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 Dec. 20, 1959 to July 19, 1960 and last saw him alive on July 19, 1960
Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. C.E. Todd DO
22b. ADDRESS: Williamstown Mo
22c. DATE SIGNED: 7/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-22-1960
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove
23d. LOCATION (City, town, or county) (State): Canton, Lewis Co. Mo.
24. FUNERAL DIRECTOR: Earl H. Buckley ADDRESS: Canton, Mo
25. DATE RECD. BY LOCAL REG.: 7/23/60
26. REGISTRAR'S SIGNATURE: J.R. Bridges

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 18 1962

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_____ Signed Earl H. Barkley

Signature of Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton,

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