

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026369

FILED VS AUG 3 1960

107 Primary Registration District No. 3019 Registrar's No. 154

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett, Mo.</b>		c. CITY OR TOWN <b>Clarkton</b>	
Length of stay in 1b <b>D.O.A</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>Dunklin Co. Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>Route 1</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Earl</b> Middle <b>Ezra</b> Last <b>Smothers</b>			4. DATE OF DEATH Month <b>July</b> Day <b>21</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-16-1905</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>	IF UNDER 24 HR Hours <b>5</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Near Advance, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Norman Smothers</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Brewster (dec)</b>		14. NAME OF HUSBAND OR WIFE <b>Alma Smothers</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>499-40-6976</b>	17. INFORMANT <b>Mrs. Alma Smothers, Clarkton, Mo.</b>
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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) <b>Coronary Thrombosis</b>		<b>Immediate</b>
DUE TO (b) <b>Coronary Sclerosis</b>		<b>2 years</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
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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 <b>1:30</b> a.m. <b>1:30</b> p.m.	Month, Day, Year <b>7-23-60</b>	

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 <b>Kennett, Mo.</b>	COUNTY <b>Dunklin</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>June 15, 1958</b> to <b>July 21, 1960</b> last saw her/him alive on <b>July 21, 1960</b> Death occurred at <b>Approximately 4:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>George R. ...</b> (Degree or title)	22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>7/26/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-23-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stanfield</b>	23d. LOCATION (City, town, or county) (State) <b>Near Clarkton, Mo.</b>

24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>	ADDRESS <b>7-28-60</b>	25. DATE RECD. BY LOCAL REG. <b>7-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Carl ...</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 27 1960

AUG 4 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

*Tony L. Roberts*

Licensed Embalmer No. 4886

P. O. Address Kennett,

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.