

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

=60-026552

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 774A

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>6 weeks</u>	c. CITY OR TOWN <u>Cabool</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>In Town</u>
3. NAME OF DECEASED (Type or print) First <u>Frod</u> Middle <u>Allen</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 24, 1889</u>
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln Co. Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Casper Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Jaske</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Not Available</u>	17. INFORMANT <u>Mrs. Leo Sheeley Cabool, Missouri.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> <u>Recent subtotal gastrectomy for bleeding gastric ulcer on June 25, 1960</u> DUE TO (b) <u>Fracture of hip &amp; closed reduction</u> <u>injury with resultant non-healing</u> DUE TO (c) <u>injury with resultant non-healing</u> INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>on June 15, 1960</u> <u>on June 5 '60</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>auto accident</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u>June 5, '60</u> a.m. <u></u> -p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	20f. CITY, TOWN, OR LOCATION <u>UNKNOWN</u>
21. I attended the deceased from <u>June 24, 1960</u> to <u>July 15, 1960</u> and last saw him alive on <u>July 15, 1960</u>		Death occurred at <u>5:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J. W. Clauson, M.D.</u>		22b. ADDRESS <u>Professional Bldg</u>	22c. DATE SIGNED <u>19 July '60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 16, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cabool, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cabool, Missouri</u>
24. FUNERAL DIRECTOR <u>Elliott-Gentry Funeral Home Cabool, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-25-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 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 Gene C. Hunted

Licensed Embalmer No. 4789

P. O. Address Spl. Ma

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.