

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-026555
STATE FILE NUMBER

FILED VS JUL 18 1960
INDEXED

128 Primary Registration District No. 2000 Registrar's No. 747

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b		c. CITY OR TOWN Rogersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Protestant			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Solon Middle Avery Last Smith				4. DATE OF DEATH Month July Day 7 Year 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 MARCH 26 1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN			10b. KIND OF BUSINESS OR INDUSTRY GRAIN + SEED		11. BIRTHPLACE (City and state or country) unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jim Henry Smith			13b. MOTHER'S MAIDEN NAME NANNIE EVELLY			14. NAME OF HUSBAND OR WIFE FRANCES			
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. 491-03-8731		17. INFORMANT Address Mrs. Frances Smith, Rogersville Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Renal Disease DUE TO (b) Heart Failure DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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 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 s.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 June 20/60 to July 7/60 and last saw him ^{here} alive on July 7/60 Death occurred at 5:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Inches or title) W. A. DeGall, M.D.				22b. ADDRESS Springfield Mo			22c. DATE SIGNED 7/9/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 10, 1960	23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery		23d. LOCATION (City, town, or county) (State) Rogersville, Missouri				
24. FUNERAL DIRECTOR ADDRESS L. C. Ferrell, Rogersville, Mo.				25. DATE RECD. BY LOCAL REG. 7-12-60		28. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 18 1960

JUL 19 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

Don S. Jones

Licensed Embalmer No. 4847

P. O. Address Mansfield,

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.