JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029490
STATE FILE NUMBER

FILED VS AUG 24 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 248

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nurcing Home # 1
Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First Scott Middle - Last Smith
4. DATE OF DEATH Month Aug. Day 12. Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 6-24-67
9. AGE (last birthday) 93
IF UNDER 1 YEAR Months 1 Days 18 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Framer (retired*
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lemons, Mo.
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME John L. Smith
13b. MOTHER'S MAIDEN NAME Debaeah Moore
14. NAME OF HUSBAND OR WIFE --
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. none
17. INFORMANT KatRagar Address Mill Grove, Mo.

MEDICAL CERTIFICATION

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)	Metabolic Acidosis	Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Uremia	Weeks
DUE TO (c)	Arteriosclerotic Kidney Dz. and G. I. Hemorrhage	Months

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 ____ to ____ and last saw him alive on Aug. 12. 1960
Death occurred at 11:05 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Denis W. Boone (Degree or title) D.O.
22b. ADDRESS Kirksville MO.
22c. DATE SIGNED 8-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 8-17-60
23c. NAME OF CEMETERY OR CREMATORY Lemens Cem.
23d. LOCATION (City, town, or county) Lemons Mo. (State)

24. FUNERAL DIRECTOR F.O.Husted & Son-Unionville, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-19-60
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

DAVID W. BOONE, D.O.

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 Murl E Husted

Licensed Embalmer No. 330

P. O. Address Milotville

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