

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 10 1960

**-60-034243**

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 333

ENDED

Jefferson Mo

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Length of stay in 1b <u>5 YEARS</u>		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Old St. Louis Road</u>				d. STREET ADDRESS (If outside, give location) <u>Old St. Louis Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>FLOYD</u> Middle <u>JACKSON</u> Last <u>SMITH</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>29th</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/14/98</u>		
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>        </u> Days <u>        </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>School teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>State Government</u>		11. BIRTHPLACE (City and state or country) <u>Red Bird, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lacy</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Humes Smith</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>			16. SOCIAL SECURITY NO. <u>491-32-9539</u>		17. INFORMANT <u>Miss Marilyn Smith Jefferson City, Mo.</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>myocardial infarction</u> DUE TO (b) <u>arteriosclerosis cardio-vascular disease</u> DUE TO (c) <u>        </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>Year</u>	
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 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 <u>        </u> Month, Day, Year a.m. <u>        </u> p.m. <u>        </u>								
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 <u>9-28-60</u> to <u>9-29-60</u> and last saw <u>him</u> alive on <u>9-28-60</u> Death occurred at <u>1:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Doctor or title) <u>Robert H. Tanner, M.D.</u>				22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>9-30-60</u>		
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23c. DATE <u>Oct 1st 1960</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23e. LOCATION (City, town, or county) (State) <u>Jefferson City Missouri</u>		
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3 October 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - Richter Dep</u>		

BY AFFIDAVIT OF

2/19/63

1963-10-10

JUN 17 1963

1963-10-10

VS OCT 10 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 Donald R. Gueman

Licensed Embalmer No. 4628

P. O. Address Gueman

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