

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034356

FILED VS SEP 26 1960

Registration District No. 111 ~~27~~ Primary Registration District No. 5426 Registrar's No. 5426-24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY FRANKLIN	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CATAWISSA		Length of stay in 1b 15 yrs	c. CITY OR TOWN CATAWISSA, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 1/2 Miles S. of Pacific		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 WALTER Middle Allison Last SMITH			4. DATE OF DEATH Month SEPT. Day 3 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 July 4, 1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY - SALES -	11. BIRTHPLACE (City and state or country) Warrenton, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Smith		13b. MOTHER'S MAIDEN NAME MARY A. (NEE HODGES)		14. NAME OF HUSBAND OR WIFE EVELYN ANNA SMITH	
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. 487-18-4351	17. INFORMANT Address EVELYN A. SMITH - CATAWISSA, 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) Electrocution		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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

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.) Subject struck off road
20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 9/3/60	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.) Home
20f. CITY, TOWN OR LOCATION Catawissa Franklin Mo		20g. COUNTY Franklin Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS [Address]	22c. DATE SIGNED 9/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE SEPT 6, 1960	23c. NAME OF CEMETERY OR CREMATORY WRIGHT CITY CEMETERY	23d. LOCATION (City, town, or county) WRIGHT CITY, MO
24. FUNERAL DIRECTOR Bell Funeral Home		25. DATE RECD. BY LOCAL REG. Sept. 6 - 1960	26. REGISTRAR'S SIGNATURE Mary B. [Signature]

(Licensed Embalmer, Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

Byron J. Beel Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Beel

Licensed Embalmer No. 4977

P. O. Address Pacific, MO

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.