RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 18 1960

-60-038695
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4238 Registrar's No. 494

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buckner, Missouri — Length of stay in 1b: 35 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buckner, Missouri — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First SAMUEL Middle C. Last SMITH

4. DATE OF DEATH: Month Oct. Day 10 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-28-1889
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farmer
11. BIRTHPLACE (City and state or country): Wheelers, Grove, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Samuel C. Smith
13b. MOTHER'S MAIDEN NAME: Mary F. Peckenpaugh
14. NAME OF HUSBAND OR WIFE: Inez E. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Inez Smith Address: Buckner, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-Renal Vascular Syndrome
DUE TO (c)
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. ☐ 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 Nov. 1955, to Oct. 10, 1960 and last saw her/him alive on Oct. 10, 1960
Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John T. Hensler (Degree or title) DO.
22b. ADDRESS Buckner, mo
22c. DATE SIGNED 10-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-12-1960
23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS Roland R. Speaks Independence, Missouri
25. DATE RECD. BY LOCAL REG. 10-12-60
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wayne Smith

Signature of Student Embalmer

Licensed Embalmer No. 5081

P. O. Address Sidney, M

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.