RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042926

STATE FILE NUMBER

FILED VS NOV 21 1960

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 119

DED

1. PLACE OF DEATH a. COUNTY: Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho — Length of stay in 1b: 26 Yrs	c. CITY OR TOWN: Neosho — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 403 South Valley St — Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print)	First: Otho	Middle: K.	Last: Smith	4. DATE OF DEATH: Month Nov Day 12- Year 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 1-31-1875	9. AGE (last birthday): 85 — 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): Retired Postal Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Post Office	11. BIRTHPLACE (City and state or country): Saginaw, Missouri	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: Calvin Smith	13b. MOTHER'S MAIDEN NAME:	14. NAME OF HUSBAND OR WIFE: Bernice N. Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.:	17. INFORMANT: Bernice N. Smith	Address: Neosho, 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): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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): Diabetis

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 Jan 10. 1960, to 11-12-60 and last saw ~~her~~ him alive on 11-11-60

Death occurred at 3:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G A Blankenship M.D.	22b. ADDRESS: Neosho Mo.	22c. DATE SIGNED: 11-16-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-14-1960	23c. NAME OF CEMETERY OR CREMATORY: Hornet Cemetery
23d. LOCATION (City, town, or county) (State): Hornet, Missouri		
24. FUNERAL DIRECTOR ADDRESS: Clark Funerql Home Neosho, Mo	25. DATE RECD. BY LOCAL REG.: 11-16-1960	26. REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D. By RC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 6 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_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 So. Wa

Neosho, Mo.

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.