

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046724

FILED VS JAN 6 1961 179

Primary Registration District No. 5668 Registrar's No. 164

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clark		Length of stay in 1b 15 yr	c. CITY OR TOWN Clark
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi. S.W. of Troy MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7 Mi. S.W. of Troy MO.

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First JAMES	Middle ALBERT	Last SMITH	Month Dec. 31, 1960	Day 31
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 Sept. 20, 1898	9. AGE (last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Jefferson City MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. Henry Smith		13b. MOTHER'S MAIDEN NAME Mary McHenry		14. NAME OF HUSBAND OR WIFE Wilma Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 495-42-5088	17. INFORMANT Wilma Smith Troy MO R.F. D1	

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) Coronary thrombosis		Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary atherosclerosis	unknown
	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
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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 _____ a.m. _____ p.m. _____	Month, Day, Year	

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.)	20f. CITY, TOWN, OR LOCATION Troy MO.	COUNTY Lincoln	STATE MO.
21. I attended the deceased from July, 1960 to _____ and last saw him alive on July, 1960 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Tavel Berry MD.	(Degree or title)	22b. ADDRESS Troy MO.	22c. DATE SIGNED 1-3-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 4, 1961	23c. NAME OF CEMETERY OR CREMATORY Troy City Cemetery	23d. LOCATION (City, town, or county) Troy MO.	(State)
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24. FUNERAL DIRECTOR D.W. McCoy	ADDRESS Troy MO.	25. DATE RECD. BY LOCAL REG. 1-3-1961	26. REGISTRAR'S SIGNATURE Charlotte Leek
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

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 G. W. McCoy

Licensed Embalmer No. 3588

P. O. Address Troy Mo

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