RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-048518

STATE FILE NUMBER

ILED VS DEC 23 1960

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 226

NDED

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 20 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 302 E. Ashland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Guy Middle: Last: Smotherman
4. DATE OF DEATH: Month Nov. Day 23, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/25/96
9. AGE (last birthday): 64 — 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): Maintenance Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (City and state or country): Birch Tree, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Luther Smotherman
13b. MOTHER'S MAIDEN NAME: Ollie Hasty
14. NAME OF HUSBAND OR WIFE: Frances Doyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frances Smotherman Address: Nevada, 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) Coronary thrombosis & myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Coronary arteriosclerosis — probably several yrs.
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 9-15-60, to 11-23-60 and last saw him alive on 11-23-60
Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R Braxton Davis, M.D. (Degree or title)
22b. ADDRESS: Nevada, Mo.
22c. DATE SIGNED: 11-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/25/60
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Ft. Scott, Kansas.
24. FUNERAL DIRECTOR ADDRESS: Richard L. Shorten. Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 13-1960
26. REGISTRAR'S SIGNATURE: Anna E Terry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

JAN 10 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4853

P. O. Address _____

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