MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 1 9 1961 99

Registration District No. 99 Primary Registration District No. 41C9 Registrar's No. 2

-61-000781
STATE FILE NUMBER

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AMENDED

1. PLACE OF DEATH
a. COUNTY: DeKalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osborn
Length of stay in 1b: 8 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Elvin Middle: Jones Last: Smith
4. DATE OF DEATH: Month: January Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Color
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/22/1892
9. AGE (last birthday): 68
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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Sales
11. BIRTHPLACE (City and state or country): Turney, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William J. Smith
13b. MOTHER'S MAIDEN NAME: Viola McGuire
14. NAME OF HUSBAND OR WIFE: Anna Lovette Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs. Anna Smith, Osborn, Missouri

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min
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. ☐ 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 — to — and last saw her/him alive on Expired just before my arrival
Death occurred at 8:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. L. Compton M.D. (Degree or title)
22b. ADDRESS: Camden, Mo
22c. DATE SIGNED: 1-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/11/1961
23c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
23d. LOCATION (City, town, or county) (State): Osborn, Missouri

24. FUNERAL DIRECTOR: Lyon Funeral Home, Inc. ADDRESS: Plattsburg, Mo.
25. DATE RECD. BY LOCAL REG.: 1-10-61
26. REGISTRAR'S SIGNATURE: Roscoe Davidson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JAN 31 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Willis E. Cox

Licensed Embalmer No. 4993

P. O. Address Hamburg 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.