

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002768

FILED VS JAN 18 1961

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 11

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 1Yr.; 9das.		c. CITY OR TOWN Potosi		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Berryman Route			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JUDSON Middle _____ Last SMITH				4. DATE OF DEATH Month January Day 11 , Year 1961			
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 Aug. 15, 1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 4 Days 18	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farming, Sawmilling, wood		10b. KIND OF BUSINESS OR INDUSTRY cutting & tie making.		11. BIRTHPLACE (City and state or country) Potosi, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Anderson Smith			13b. MOTHER'S MAIDEN NAME Artie Meecy Doss			14. NAME OF HUSBAND OR WIFE Mary Melvina Conway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia - - - - -							INTERVAL BETWEEN ONSET AND DEATH Abt. 5 das.
DUE TO (b) Inanition, periodically, - - - - -							1 year.
DUE TO (c) Psychosis with cerebral arteriosclerosis - -							1 1/2 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 type="checkbox"/>		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. 2, 1960 , to Jan. 11, 1961 and last saw him alive on Jan. 11, 1961 Death occurred at 7:25 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John D. Brennan, M.D.				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 1-12-61	
23a. BURIAL, CREMATION, REPOSAL (Specify) Burial	23b. DATE Jan. 15, 1961	23c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Potosi, Missouri			
24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home, Potosi, Missouri			25. DATE RECD. BY LOCAL REG. Jan 13, 1961	26. REGISTRAR'S SIGNATURE Ether Rudloff			

JAN 19 1961

Number

Sex

Age

Color

Height

Weight

Place of Birth

Place of Death

Cause of Death

Time

Place of Burial

Sex

Place of Burial

Place of Burial

Place of Burial

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 Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Kotosi, 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.