

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012384

STATE FILE NUMBER

AMENDED

FILED APR 5 1961 Primary Registration District No. 370 Registrar's No. 3706251 57

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greenville</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lake Wappapello</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R.# 4.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Buton</b> Middle <b>Nathan</b> Last <b>Smith</b>			4. DATE OF DEATH Month <b>March</b> Day <b>19</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/2/1942</b>	9. AGE (last birthday) <b>18</b>
				IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Poplar Bluff, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Frank Stephen Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Willie Florence Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Frank S. Smith, Poplar Bluff, Mo.</b>		
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 <b>1 to 3 min</b>
IMMEDIATE CAUSE (a) <b>SUFFOCATION</b>					
DUE TO (b) <b>ACCIDENTAL DROWNING</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. <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 checked="" 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.) <b>FISHING ACCIDENT - BOAT SWAMPED</b>		
20c. TIME OF INJURY <b>10:45</b> Hour <b>6</b> p.m. Month, Day, Year <b>3-19-61</b>	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.) <b>LAKE WAPPAPELLO</b>	20f. CITY, TOWN, OR LOCATION <b>WAPPAPELLO</b>	COUNTY <b>WAYNE</b> STATE <b>MO</b>
21. I attended the deceased from <b>11:00 A. M.</b> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Margaret E. Bowler, Coroner</b>			22b. ADDRESS <b>Greenville, Missouri</b>		22c. DATE SIGNED <b>3/29/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/21/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Broseley, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Frank-Cotrell Chapel, Poplar Bluff, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-31-61</b>	26. REGISTRAR'S SIGNATURE <b>Hettie Ward</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 5 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

*Edgar W. Laffoon*

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

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.