

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3626

STATE FILE NUMBER

FILED APR 24 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Length of stay in 1b 1 day		c. CITY OR TOWN Ramsey	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
First AMOS		Middle Lee		Last SMITH		APRIL 16 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 11-29-92	
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Coal Promoter (ret.)				10b. KIND OF BUSINESS OR INDUSTRY Coal Industry		11. BIRTHPLACE (City and state or country) McLeansboro, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME William H. Smith				13b. MOTHER'S MAIDEN NAME Jane Kletcher		14. NAME OF HUSBAND OR WIFE Effie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO. Not Available		17. INFORMANT Mrs. Effie Smith, Ramsey, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR			
DUE TO (b) CARCINOMA OF COLON				9 YEARS			
DUE TO (c) 153.8							
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 SEPT. 28, 1950 to APRIL 16, 1961 and last saw her alive on APRIL 16, 1961 Death occurred at 3:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i>				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/16/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-19-61		23c. NAME OF CEMETERY OR CREMATORY Ramsey		23d. LOCATION (City, town, or county) (State) Ramsey, Illinois	
24. FUNERAL DIRECTOR Wm. Sturgell, Ramsey, Ill.				25. DATE RECD. BY LOCAL REG. APR 17 1961		26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

B - 2-II

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

Embalmed

Signed _____

Joseph J. Karsly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis, 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.