

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**61-017047**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 44

STATE FILE NUMBER

AMENDED

FILED MAY 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>M<sup>c</sup> Fall</u>		Length of stay in 1b	c. CITY OR TOWN <u>M<sup>c</sup> Fall</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HT. Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Asa H.</u> Middle <u></u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 16, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teamster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teamster</u>	9. AGE (last birthday) <u>80</u>
11. BIRTHPLACE (City and state or country) <u>Dominion Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Asa Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Boyssel</u>	
14. NAME OF HUSBAND OR WIFE <u>Mamie Smith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Mrs. A. H. Smith, M<sup>c</sup> Fall, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic mitral stenosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			
DUE TO (c) <input checked="" type="checkbox"/>			
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 checked="" 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 checked="" 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 <u></u> Month, Day, Year <u>5/13/61</u> a.m. <u></u> p.m. <u></u>	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 <u>4/20/61</u> to <u>5/13/61</u> and last saw <sup>from</sup> him alive on <u>5/12/61</u> Death occurred at <u>7:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. M. Orman M.D.</u>		22b. ADDRESS <u>Albany, Mo.</u>	22c. DATE SIGNED <u>5/14/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>17 May 61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Heath</u>	23d. LOCATION (City, town, or county) (State) <u>Dominion Co. Mo.</u>
24. FUNERAL DIRECTOR <u>W. A. Johnson, Patterson, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-15-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bone</u>

**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 *W. A. Johnson*

Licensed Embalmer No. 5075

P. O. Address Pattonburg, 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.