

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-020415

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 396

AMENDED

FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | Length of stay in 1b <u>69 Yrs.</u> | c. CITY OR TOWN <u>Columbia</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>501 East Rollins</u> |
| 3. NAME OF DECEASED (Type or print) First <u>STANLEY</u> Middle <u>NELSON</u> Last <u>SMITH</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-30-1871</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Doctor of Veterinary Medicine</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>89</u> |
| 11. BIRTHPLACE (City and state or country) <u>Woodlandville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Fielding W. Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mattie McKinry</u> | 14. NAME OF HUSBAND OR WIFE <u>Kitty Iglehart</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. | 17. INFORMANT <u>Queen Smith, Columbia, 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>Cardiac standstill, intermittent</u> DUE TO (b) : <u>Arteriosclerosis; Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>14 mos.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture femur April 30, 1960 (Inhospital since)</u> | | | 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 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 <u>12 30</u> a.m. <u>11 30</u> p.m. Month, Day, Year <u>Apr 30, 1960</u> | | 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.) <u>Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Columbia</u> | COUNTY <u>Boone</u> STATE <u>Mo.</u> |
| 21. I attended the deceased from <u>April 30, 1960</u> to <u>June 22, 1961</u> and last saw <u>him</u> alive on <u>6-22-61</u> Death occurred at <u>2:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John C. Timley Jr. M.D.</u> | | 22b. ADDRESS <u>1650 Tenth Columbia Mo.</u> | 22c. DATE SIGNED <u>6-22-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June 24, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 24, 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> |

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUL 6 1961

JUN 27 1962

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.