ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021798
STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 46

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Length of stay in 1b 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State Sanatorium — Inside Limits Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Wayne
c. CITY OR TOWN Wappapello — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Sam. Middle M. Last Smith

4. DATE OF DEATH Month 6 Day 14 Year 1961

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-17-78
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME John Smith
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Missouri State San., Mt. Vernon, 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) Gangrene of both feet and legs — INTERVAL BETWEEN ONSET AND DEATH 25 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Obliterans — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility, marked. Pulmonary Infiltration, bilateral, cause unknown,

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5-25-61, to 6-14-61 and last saw him alive on 6-14-61
Death occurred at 4:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Lewis Yates, MD.
22b. ADDRESS Mo. State San. Mt. Vernon Mo.
22c. DATE SIGNED 6-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) 6-15-61
23b. DATE 6-15-61
23c. NAME OF CEMETERY OR CREMATORY Wappapello Cemetery
23d. LOCATION (City, town, or county) Wappapello (State) Mo

24. FUNERAL DIRECTOR Max L Fossett ADDRESS Mt Vernon Mo
25. DATE RECD. BY LOCAL REG. 6-15-61
26. REGISTRAR'S SIGNATURE H. D. Fossett

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT | MEDICAL CERTIFICATION

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_____ Signed Max L Fowler

Signature of Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Williamsburg

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.