

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025774

STATE FILE NUMBER

AMENDED

Registration District No. 160 Primary Registration District No. SSV Registrar's No. 94

FILED AUG 2 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON COUNTY HOSP.		d. STREET ADDRESS (If outside, give location) 301 10th. street	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle E. Last SMITH		4. DATE OF DEATH Month 7 Day 27 Year 61	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE (last birthday) IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HR: Hours 1 Min. 0
11. BIRTHPLACE (City and state or country) JEFFERSON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM R. SMITH		13b. MOTHER'S MAIDEN NAME M. JUNE BROWER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. *****		17. INFORMANT Address WM. SMITH CRYSTAL CITY, 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) Prematurity + 1 hour DUE TO (b) Premature rupture of membranes DUE TO (c) 3 weeks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 1 hr
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 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 8:30 p Month, Day, Year 7/27/61	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 7/27/61 to 7/27/61 and last saw her alive on 7/27/61 Death occurred at 8:30 p 7/27/61 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Herakleum, Mo	
22c. DATE SIGNED 7/27/61		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 7-28-61		23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY	
23d. LOCATION (City, town, or county) CRYSTAL CITY, MO		23e. STATE MO	
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG 7-28-61	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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: *Dwight R. Blitt*

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.