

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028252
STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Length of stay in 1b 16 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Com Hospt Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Iowa b. COUNTY Fremont
c. CITY OR TOWN Hamburg Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) S B " Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
IRA CORNELIOUS SMITH

4. DATE OF DEATH Month Day Year
August 20, 1961

5. SEX male **6. COLOR OR RACE** white **7. Married** Never Married Widowed Divorced

8. DATE OF BIRTH 6/28/1885 **9. AGE** (last birthday) 76 IF UNDER 1 YEAR Months 7 Days 22 IF UNDER 24 HR Hours 22 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming-general **10b. KIND OF BUSINESS OR INDUSTRY** own farm **11. BIRTHPLACE** (City and state or country) West Plains, Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.

13a. FATHER'S NAME Phillip Smith **13b. MOTHER'S MAIDEN NAME** Arlena Ford **14. NAME OF HUSBAND OR WIFE** Joseph Anna Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no **17. INFORMANT** Address Mrs. Ira C. Smith Hamburg, Iowa.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) terminal uremia, cardiovascular accident
DUE TO (b) arteriosclerotic cardiovascular disease
DUE TO (c) Diabetes mellitus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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 Month, Day, Year
a.m. p.m.

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.) 8275 3 **20f. CITY, TOWN, OR LOCATION** Tarkio, Mo. COUNTY STATE

21. I attended the deceased from 8/20/61 to 8/20/61 and last saw him alive on 8/20/61
Death occurred at 5:23 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) **22b. ADDRESS** Tarkio, Mo. **22c. DATE SIGNED** 8/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial **23b. DATE** 8/23/61 **23c. NAME OF CEMETERY OR CREMATORY** Home Cemetery **23d. LOCATION** (City, town, or country) (State) Tarkio, Mo.

24. FUNERAL DIRECTOR ADDRESS Davis Funeral Home Tarkio, Mo. **25. DATE RECD. BY LOCAL REG.** 8/31/61 **26. REGISTRAR'S SIGNATURE** [Signature]

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

dp

to

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 Frost C. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.