

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-031719

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 2821

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		c. CITY OR TOWN <b>Memphis</b>	
Length of stay in 1b <b>week</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Loughlin Hesp.</b>		d. STREET ADDRESS (If outside, give location) <b>Memphis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS HUBERT SMITH</b>			4. DATE OF DEATH Month Day Year <b>Sept. 14 1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-5-1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Scotland Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U:S:A.</b>
13a. FATHER'S NAME <b>Thomas H. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Elizabeth McKnight</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Craig Smith</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	17. INFORMANT Address <b>Anna Smith Memphis, Mo.</b>
---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory collapse</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 mins</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Massive coronary thrombosis</b>		<b>10 mins</b>
DUE TO (c) <b>Generalized arteriosclerosis and surgical shock</b>		<b>unknown to 12 hrs.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Adenocarcinoma of the prostate</b>		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 checked="" 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 a.m. p.m. Month, Day, Year			

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 **Sept. 7, 1961** to **Sept. 14, 1961** and last saw him alive on **Sept. 14, 1961**  
Death occurred at **10:55 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James Hunter</b>	22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>9-28-61</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9-17-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memphis</b>	23d. LOCATION (City, town, or county) (State) <b>Memphis, Mo.</b>
--	-------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <b>W. W. Reynolds Memphis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 29, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

JACK AUSTER, D.O.

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Tenn

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.