

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-033350

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 178

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED SEP 20 1961

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 10da.	c. CITY OR TOWN Diamond		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William Cleveland Smith			4. DATE OF DEATH Month Day Year 9-7-1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-22-1894	9. AGE (last birthday) 67 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) Carpenter and mail carrier- Retired		10b. KIND OF BUSINESS OR INDUSTRY Newton County		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William Sherman Smith		13b. MOTHER'S MAIDEN NAME Lillie Anne Hill		14. NAME OF HUSBAND OR WIFE Mrs. Millie 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. Millie Smith-Diamond, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic cardio-vascular disease				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 <u>6-26-59</u> to <u>9-7-61</u> and last saw her/him alive on <u>9-7-61</u> Death occurred at <u>3:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) McFoster Witter MD			22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 9-12-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-10-1961	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		23d. LOCATION (City, town, or county) (State) Diamond, Mo.		
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home -Diamond, Mo.		25. DATE RECD. BY LOCAL REG. 9-14-61		26. REGISTRAR'S SIGNATURE WJ Clinton		

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

Floyd E. Skurnak

Licensed Embalmer No.

4923

P. O. Address

Box 58
Gandy

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.