

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-034953

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8719

STATE FILE NUMBER

AMENDED

FILED SEP 27 1961

a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>218 So. 4th St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Jackson</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>September</u> Day <u>16</u> Year <u>1961</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>													
8. DATE OF BIRTH <u>1/10/1910</u>		9. AGE (last birthday) <u>51</u>		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) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Reynolds Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>								
13a. FATHER'S NAME <u>John Thomas Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Jane Brewer</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT <u>Mrs. Della Shrum, Lesterville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis.</u>										INTERVAL BETWEEN ONSET AND DEATH													
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)						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.) <u>002x</u>															
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>10¹⁰-A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										22a. SIGNATURE (Degree or title) <u>Helene L. Taylor, Coroner</u>						22b. ADDRESS <u>1300 Clark Ave.</u>				22c. DATE SIGNED <u>9-19-61.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-19-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hyatts Creek Cemetery</u>				23d. LOCATION (City, town, or county) <u>Annapolis, Mo.</u>				(State)											
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>SEP 19 1961</u>		26. REGISTRAR'S SIGNATURE <u>Neal Smith M.D.</u>															

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1961 OCT 4 100

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

Oliver R. Godwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.