

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036406

STATE FILE NUMBER

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 65

FILED NOV 7 1961

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

3. NAME OF DECEASED (Type or print) First Middle Last
Willis H. Smith

4. DATE OF DEATH Month Day Year
Nov. 1, 1961

5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 8, 1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 2 Days 23	IF UNDER 24 HR Hours 23 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter

10b. KIND OF BUSINESS OR INDUSTRY
Construction

11. BIRTHPLACE (City and state or country)
Buffalo, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME **Andrew Smith**

13b. MOTHER'S MAIDEN NAME **Nancy Wallace**

14. NAME OF HUSBAND OR WIFE
Mamie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) (If yes, give war or dates of service)
Yes WWI

16. SOCIAL SECURITY NO.
None

17. INFORMANT Address
Mamie Smith Buffalo, 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) **Cancer of Lung**

INTERVAL BETWEEN ONSET AND DEATH
6 mo.

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)
chr. Bronchitis

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

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to 11-1-61 and last saw him alive on 11-1-61
Death occurred at 2:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
C. O. Gammou M.D.

22b. ADDRESS
Buffalo, Missouri

22c. DATE SIGNED
11-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Nov. 3, 1961

23c. NAME OF CEMETERY OR CREMATORY
Oak Lawn Cemetery

23d. LOCATION (City, town, or county) (State)
Buffalo, Missouri

24. FUNERAL DIRECTOR ADDRESS
Montgomery Funeral Home Buffalo, Missouri

25. DATE RECD. BY LOCAL REG.
11/4/1961

26. REGISTRAR'S SIGNATURE
Mr. Van Kester SR

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

JAN 9 1962

NOV 8 1961

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 _____

Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.