

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040393

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 198

AMENDED

FILED DEC 5 1961

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hill</u>		Length of stay in 1b <u>17 Yrs.</u>	c. CITY OR TOWN <u>Pleasant Hill</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>Residence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>923 Myrtle Street</u>		
3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Winner</u> Last <u>Smith</u>			4. DATE OF DEATH Month <u>11</u> Day <u>29</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-13-1888</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	11. BIRTHPLACE (City and state or country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Josiah Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Judith Anne Hulse</u>		14. NAME OF HUSBAND OR WIFE <u>Birdie Smith</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>			17. INFORMANT Address <u>Mrs. Della Mave Land Kingsville, 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>CEREBRAL HAMORRHAGE MASSIVE</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>ARTERIAL SCLEROSIS</u>		
DUE TO (c) <u>GENERAL DEBILITY (2nd HEMORRHAGE)</u>		
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.)
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 NOVEMBER 15-61 to NOVEMBER 29 and last saw her/him alive on NOVEMBER 28.
Death occurred at 5:30 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or Title) <u>David S. Long</u>	22b. ADDRESS <u>HARRISONVILLE, MO.</u>	22c. DATE SIGNED <u>11-29-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-1-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>
24. FUNERAL DIRECTOR <u>Brownfield-Stanley</u>	ADDRESS <u>Pleasant Hill, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-30-61</u>
26. REGISTRAR'S SIGNATURE <u>Per. Roy J. Schaefer</u>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FEB 15 1962

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 Donald R. Wiggins

Licensed Embalmer No. 5112

P. O. Address Pleasant Hill

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.