

**COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-040781**

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1096 STATE FILE NUMBER

**FILED NOV 20 1961**

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>North Carolina</u> <u>Guilford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield, Missouri</u>	Length of stay in 1b <u>102 days</u>	c. CITY OR TOWN <u>Greensboro</u>	Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Francis</u> Middle <u>Duval</u> Last <u>Smith</u>	4. DATE OF DEATH Month <u>Nov.</u> Day <u>11</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>11/4/97</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil field worker.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>San Diego, Texas</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Austin Demoins Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Litricha Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>MCFP Files - Springfield, Missouri</u>
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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>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
DUE TO (b) <u>Acute renal failure, etiology unknown</u>		<u>3 days</u>
DUE TO (c) <u>  </u>		<u>  </u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Osteo-arthritis, right hip; absence of left kidney</u>		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
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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.)
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20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	Month <u>  </u> Day <u>  </u> Year <u>  </u>
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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
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21. I attended the deceased from Aug. 1, 1961 to Nov. 11, 1961 and last saw him alive on Nov. 11, 1961  
Death occurred at 3:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE <u>Clarence Kooiker, M.D.</u> (Degree or title) <u>Medical Director</u>	22b. ADDRESS <u>MCFP, Springfield, Missouri</u>	22c. DATE SIGNED <u>11-13-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11/13/61</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>GREENSBORO, NORTH CAROLINA</u>
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24. FUNERAL DIRECTOR <u>Herman Lohmeyer Funeral Home, Spfld</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-13-61</u>	26. REGISTRAR'S SIGNATURE <u>Effie B. Meeton</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 *H. M. C. Co.*

Licensed Embalmer No. 2727  
P. O. Address *Springfield, Mo.*

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.