

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043504

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 271

FILED DEC 19 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in 1b <u>8 days</u>		c. CITY OR TOWN <u>Wellsville</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>Audrain Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>305 E. Esyrt</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>ROSCOE</u> Middle <u>GREEN</u> Last <u>SMITH</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>6</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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 17, 1897</u>		9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Master</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Dept.</u>		11. BIRTHPLACE (City and state or country) <u>Audrain Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>					
13a. FATHER'S NAME <u>Robert Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Allena Smith</u>				14. NAME OF HUSBAND OR WIFE <u>Ruth E. Fry Smith</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW# 1</u>						17. INFORMANT Address <u>Mrs. Ruth E. Smith, Wellsville.</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>Carcinoma prostate gland</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
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.)									
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>5-2-61</u> to <u>12-6-61</u> and last saw ^{her} him alive on <u>12-6-61</u> Death occurred at <u>8 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Ernest S. Yant MD</u>						22b. ADDRESS <u>Mexico, Mo</u>			22c. DATE SIGNED <u>12-8-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 8, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>		23d. LOCATION (City, town, or county) <u>Wellsville, Mo</u>		(State)					
24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo</u>					25. DATE RECD. BY LOCAL REG. <u>Dec 8-1961</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>						

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 4 1962

DEC 22 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 Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.