

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-047583
STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 6203 Registrar's No. 8

AMENDED
FILED JAN 9 1962

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

3. NAME OF DECEASED (Type or print) <u>THURMAN EVERETT SMITH</u>			4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>9-25-1892</u>	9. AGE (last birthday) <u>69</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>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CEDAR GROVE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JAMES SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY NORRIS</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA 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 U.S. Army</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>JAMES SMITH, HARTSHORN, MO</u> Address _____	

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>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Degeneration</u>			
DUE TO (c) <u>Decompensated Heart Disease grade IV</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</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	

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 _____ Month, Day, Year _____ p.m. _____			

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>July 12, 1959</u> to <u>12/5/61</u> and last saw her/him alive on <u>12/27/61</u> . Death occurred at <u>7:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>J. J. Burns, MD</u>		22b. ADDRESS <u>Houston, Mo</u>		22c. DATE SIGNED <u>12/28/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-29-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NINE CEMETERY</u>	23d. LOCATION (City, town, or county) <u>NEAR HARTSHORN</u>	(State) <u>MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>L. F. EVANS Houston, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-1962</u>	26. REGISTRAR'S SIGNATURE <u>Julia Powell</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 13 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 STEPHEN E ATKINSON, Student Embalmer No. 638

working under my personal supervision.

Student Stephen E Atkinson Signed Lowell C. Craig
Signature of Student Embalmer

Licensed Embalmer No. 4766

P. O. Address Wm. J. Co.

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.