

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005538

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 143

STATE FILE NUMBER

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY BOONE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Length of stay in 1b 6 DAYS	c. CITY OR TOWN SWEET SPRINGS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MISSOURI MEDICAL CENTER			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle AUSTIN Last SMITH, SR.			4. DATE OF DEATH Month 3 Day 7 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-23, 1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FAY M	11. BIRTHPLACE (City and state or country) SWEET SPRINGS, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS AUSTIN SMITH		13b. MOTHER'S MAIDEN NAME ELIZABETH FRANCISCO		14. NAME OF HUSBAND OR WIFE BEULAH I. SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT UNIVERSITY OF MISSOURI MEDICAL RECORDS Address COLUMBIA		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) COR PULMONALE					12 HOURS
DUE TO (b) PLEURAL EFFUSIONS					7 DAYS
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HODGKIN'S DISEASE					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 checked="" type="checkbox"/> NO <input 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 MARCH 1, 1962 to MARCH 7, 1962 and last saw ^{her} _{him} alive on MARCH 7 1962 Death occurred at 1:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dress or title) Robert W Moellenhoff M.D.		22b. ADDRESS Univ. of Mo. Med. Center Columbia		22c. DATE SIGNED 3-7-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-11-62	23c. NAME OF CEMETERY OR CREMATORY Sweet Springs		23d. LOCATION (City, town, or county) (State) Sweet Springs Mo	
24. FUNERAL DIRECTOR Lynn Spurdle, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Mar 8 1962		26. REGISTRAR'S SIGNATURE Mrs RE Palmer	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

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 Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.