

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014084
STATE FILE NUMBER

145K
DO NOT WRITE
ON THIS STUB

Registration District No. 27 Primary Registration District No. 5094 Registrar's No. 85

AMENDED

FILED APR 24 1962	
1. PLACE OF DEATH	
a. COUNTY Bates	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage	a. STATE Missouri b. COUNTY Bates
c. FULL NAME OF HOSPITAL OR INSTITUTION Rich Hill R.F.D. 4	c. CITY OR TOWN Rich Hill Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS R.F.D. 4	d. STREET ADDRESS (If outside, give location) R.F.D. 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Frank Middle Markland Last Smith	4. DATE OF DEATH April 18, 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 10-21-1898
9. AGE (last birthday) 63	IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HR Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Butler, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Robinson
14. NAME OF HUSBAND OR WIFE Marie 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 Marie Smith Address R.F.D. 4 Rich Hill Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronary Occlusion (Massive) INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
DUE TO (b) Advanced Coronary disease	
DUE TO (c) Chronic Myocarditis with Hypertension	
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. --- 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 Butler, Mo. COUNTY Butler STATE Mo.
21. I attended the deceased from Oct. 24, 1955 to 4-18-62 and last saw ^{her} him alive on 4-14-62	
Death occurred at 12:40 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Chas. A. Lusk, Jr. M.D.	22b. ADDRESS State Bank Bldg., Butler, Mo.
22c. DATE SIGNED 4-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-1962
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) Butler, Mo. (State)
24. FUNERAL DIRECTOR Culver-Underwood ADDRESS Butler, Mo.	25. DATE RECD. BY LOCAL REG. 4-20-1962
	26. REGISTRAR'S SIGNATURE Norman Jean Wilcox

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 10070
 20070
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 4201
 10
 11
 12 70-0
 13 1-0
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1962

JUN 12 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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler MD

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.