MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015781
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 58

FILED APR 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0515
2 0510
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4 2
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13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg,
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Warrensburg Medical Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Centerview,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Centerview, Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JAMES Middle MONROE Last SMITH

4. DATE OF DEATH: Month April Day 16th. Year 1962

5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: March 1, 1870
9. AGE (last birthday): 92
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): Retired Minister,
10b. KIND OF BUSINESS OR INDUSTRY: Christian Minister
11. BIRTHPLACE (City and state or country): Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: "Unknown" Smith
13b. MOTHER'S MAIDEN NAME: Louisa "Unknown"
14. NAME OF HUSBAND OR WIFE: Cordelia Smith,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Cordelia Smith, Address: Centerview, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yr
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 7, 62, to 4-16-1962 and last saw him alive on 4-16-62
Death occurred at 4:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.
22b. ADDRESS: Warrensburg, Mo.
22c. DATE SIGNED: 4-17-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-20-62
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery,
23d. LOCATION (City, town, or county) (State): Warrensburg, Mo.

24. FUNERAL DIRECTOR ADDRESS: The Brauningers, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: Apr 18 1962
26. REGISTRAR'S SIGNATURE: Savannah Cutchfield

(Licensed Embalmer's Statement on Reverse Side)

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. ATKISSON, Student Embalmer No. 638

working under my personal supervision.

Student Stephen E. Atkisson
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3355

P. O. Address [illegible]

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.