# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-015909
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 55

FILED MAY 1 1962

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy — Length of stay in 1b: 1 Wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Hill Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Lincoln
c. CITY OR TOWN Winfield — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS RR #1 (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle E. Last SMITH
4. DATE OF DEATH: Month April Day 23 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/1/1900
9. AGE (last birthday): 62 — 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): Shoe Repair
10b. KIND OF BUSINESS OR INDUSTRY: self-employed Shoe repair
11. BIRTHPLACE (City and state or country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Smith
13b. MOTHER'S MAIDEN NAME: Not known Smith
14. NAME OF HUSBAND OR WIFE: Erma Lee Smith (Sifford)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Delmer R. Smith — Address: 1115 Coalbank St. Louis, 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) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 3-10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart Failure - decompensated — 2 months
DUE TO (c) Diabetes & Arteriosclerosis — 20 years
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 4-25-62, to 4-23-62 and last saw her/him alive on 4-23-62
Death occurred at 7:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Winfield, Mo.
22c. DATE SIGNED 4-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/26/1962
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: Diedrich Funeral Home — ADDRESS: 8319 Halls Ferry Rd.
25. DATE RECD. BY LOCAL REG.: 4-25-1962
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0570 | | |
| 2 | 0570 | | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 0 | | |
| 9 | 260 X | | |
| 10 | | | |
| 11 | | | |
| 12 | 86-0 | | |
| 13 | 1-0 | | |

BY AFFIDAVIT OF DOCUMENT

**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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville.

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.